



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
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**DYNAMIC SCIENCE, INC.**  
In-Depth Accident Investigation

Contract DTNH22-93-P-07049  
Case DSI-93-SP-22

[REDACTED], 1994

## TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.  
CONTRACT NUMBER: DTNH22-93-P-07049  
CASE NUMBER: Case DSI-93-SP-22

[REDACTED]

This collision occurred at a four-leg intersection on [REDACTED] 1993 at [REDACTED] hours in a rural area of [REDACTED] California. At the time of the crash, it was cloudy and the bituminous roadway was wet.

The case vehicle was a 1993 Plymouth Grand Voyager that was equipped with a driver side supplemental restraint system. The vehicle was operated by a 37-year-old female, 157 cm (62 in.) tall with an estimated weight of 77 kg (170 lbs). She was wearing the manual 3-point lap and shoulder belt system. The second occupant of this vehicle was seated immediately behind the driver. She was a 7-year-old female, 133 cm (52.5 in.) tall with a weight of 23 kg (51 lbs). She was wearing the manual 3-point lap and shoulder belt system. The third occupant was seated to the right of the second occupant. He was a 4-year-old male with a weight of 17 kg (37 lbs). He was seated in a toddler seat which was restrained by the lap/shoulder system. All three occupants were seated in reclining bucket seats.

Vehicle 2 was a 1984 Mercedes-Benz 300D driven by a 46-year-old female, 157 cm (62 in.) tall with an estimated weight of 61 kg (135 lbs).

Vehicle 1, the Plymouth Voyager, was initially stopped at a stop sign facing in an easterly direction. Vehicle 2 was travelling southbound approaching the intersection at an estimated speed of 89 KPH (55 MPH). The driver of Vehicle 1 saw one vehicle go by and then proceeded into the intersection. The driver of Vehicle 2 saw Vehicle 1 enter the intersection. She braked and steered to the right to avoid the collision. She was unable to do so and the front of Vehicle 2 struck the left side of Vehicle 1 in a broadside configuration just behind the driver's door.

The full frontal area of Vehicle 2 impacted the left side of Vehicle 1. The resultant direction of force for Vehicle 1 was 9 o'clock. Based on the impact configuration it is likely that the force direction for Vehicle 2 would have been in the 12 o'clock area. There was a maximum crush of 43 cm (17 in.) to Vehicle 1. The [REDACTED] program computed velocity changes of 33 KPH (20 MPH) for Vehicle 1 and 35 KPH (22 MPH) for Vehicle 2. The longitudinal component of Vehicle 1's induced deceleration (-6 KPH [-4 MPH]) was sufficient to deploy the driver air bag system. It should be noted that there was significant snagging between the front of Vehicle 2 and the left rear tire/wheel of Vehicle 1.

The impact rotated Vehicle 1 sharply in a counterclockwise direction. Vehicle 2 was forced into a counterclockwise rotation. Vehicle 1 came to rest just beyond the southwest corner of the intersection facing 270 degrees from its original path of travel. Vehicle 2 came to rest approximately 4 m (13 ft) south of the east/west roadway facing northwest approximately 120 degrees from its original path of travel.

The 37-year-old female driver of the Plymouth Voyager was in a forward driving position at impact and was wearing the manual 3-point lap and shoulder restraint system.

She responded to the 9 o'clock force by initiating a lateral trajectory with respect to the vehicle, and contacted the left door panel. This contact did not result in any injuries. She also engaged the deploying supplemental restraint system (air bag). There was no evidence of any loading of the restraint system. As a result of her involvement with the deploying SRS (airbag), the driver sustained a cut on her bottom lip and a swollen mouth. The driver also sustained a contusion to her right knee as a result of a lower instrument panel contact.

The 7-1/2 year-old female in the left rear seat was seated in a forward facing position and was wearing the manual 3-point lap and shoulder restraint system. She responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. Her forehead struck some unknown object (possibly the side glass or its locking mechanism) causing a quarter size abrasion. The lap portion of the restraint loaded causing contusions across this occupant's pelvic area. She lost consciousness for 2-3 minutes following the collision and was later diagnosed as having sustained a concussion. She also sustained a strained muscle in her left leg which, at the time of the interview (two weeks following the collision), has not yet healed and is causing her to drag her leg somewhat as she walks.

The four-year-old male in the right rear seat was seated in a forward facing position and had been placed in a [REDACTED] toddler seat. The seat had been secured by the lap/shoulder system using a locking clip. He responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. He struck some unknown object with his left ear causing it to later swell and turn purple according to the driver.

The driver of Vehicle 1 was able to exit the vehicle on her own. All three occupants of Vehicle 1 were transported to a local hospital. The driver of Vehicle 2 was also transported to a local hospital.

Both vehicles were towed from the scene due to damage. Vehicle 1 was subsequently "totalled" out and sold as salvage.

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*The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.*

*The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.*

*Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.*

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**DYNAMIC SCIENCE, INC.  
ACCIDENT INVESTIGATION  
CASE NUMBER: DSI-93-SP-22**

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**ACCIDENT DATA:**

**Location:** [REDACTED], California  
**Area/Type:** Rural  
**Date/Time:** Winter/Weekday  
**Accident Type:** Van/Car, front to side intersection type collision.

**Injury Severity:**

**Vehicle 1:** Driver, AIS -1  
L/R Occupant, AIS-1  
R/R Occupant, AIS-1

**Vehicle 2:** Driver, [REDACTED]

**AMBIENCE:**

**Viewing Conditions:** Daylight  
**Cloud Cover:** Cloudy  
**Precipitation:** It was not raining at the time of the collision, but there was 0.109 cm (0.043 in.) of precipitation within the 24-hour period around the accident.  
**Temperature:** 4.4 to 12.2 ° C (40 to 54 ° F)  
**Road Surface:** Wet

**ROADWAY:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Type:</b>	Rural street, two-way	Rural street, two-way
<b>Width:</b>	5.9 m (19.4 ft)	6.4 m (21.0 ft)
<b>Traffic Density:</b>	Light	Light
<b>Median:</b>	None	None
<b>Edge:</b>	Asphalt/gravel/grass	Asphalt/gravel/grass
<b>Surface:</b>	Bituminous	Bituminous
<b>Reported Defects:</b>	None	None
<b>Co-efficient of Friction (est.):</b>	0.75	0.75
<b>Vertical Alignment:</b>	+04 % at intersection	-02 % at intersection
<b>Horizontal Alignment:</b>	Straight	Straight

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**Traffic Controls:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Signals:</b>	None	None
<b>Signs:</b>	Stop sign	None
<b>Speed Limit:</b>	89 km/h (55 MPH)	89 km/h (55 MPH)
<b>Markings:</b>	Dual yellow center line, solid/broken. Solid white stop line. STOP imprinted on road prior to stop sign.	Dual yellow center line, solid/broken. Solid white edge lines on both sides of roadway.

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**VEHICLES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Description:</b>	1993 Plymouth Grand Voyager LE van	1984 Mercedes-Benz 300-D
<b>Odometer:</b>	28,966 km (17,999 Mi)	Unknown
<b>Engine:</b>	3.8 liter V6	Unknown
<b>Vehicle Modifications:</b>	None apparent	None apparent
<b>Tire Condition:</b>	Good	Unknown
<b>Manual Restraints:</b>	3-point lap and shoulder belts in each of the four forward bucket seats.	Unknown
<b>Automatic Restraints:</b>	Supplemental restraint system, (driver air bag) that deployed as a result of the side impact.	None
<b>Reported Defects:</b>	None	None
<b>Cargo:</b>	Toddler seat	Unknown
<b>Windshield Damage:</b>	None	Unknown
<b>Fleet:</b>	NA	NA
<b>Tow Status:</b>	Towed due to vehicle damage	Towed due to vehicle damage

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**VEHICLE DAMAGE:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Object Struck:</b>	Vehicle 2	Vehicle 1
<b>Event Number:</b>	01	01
<b>CDC:</b>	09LZEW3	Unknown/not inspected
<b>Maximum Crush:</b>	43 CM (17.0 in.)	Unknown/not inspected

**VEHICLE VELOCITY ESTIMATES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Impact Speed: (estimated)</b>	Unknown	Unknown
<b>Total Delta V:</b>	33 KPH (20 MPH)	35 KPH (22 MPH)
<b>Longitudinal Delta V:</b>	-6 KPH (-4 MPH)	-35 KPH (-22 MPH)
<b>Lateral Delta V:</b>	32 KPH (20 MPH)	-3 KPH (-2 MPH)
<b>Energy Dissipation:</b>	62531.1 joules (46125.1 ft-lb)	127710.4 joules (94203.7 ft-lb)

Delta Vs were computed by the damage algorithm of the OLDMIS program. A copy of the printout is included with the NASS data forms.

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**COLLISION SEQUENCE:**

**Pre-Crash:** The vehicle was operated by a 37-year-old female, 157 cm (62 in.) tall with an estimated weight of 77 kg (170 lbs). She was wearing the manual 3-point lap and shoulder belt system. The second occupant of this vehicle was seated immediately behind the driver. She was a 7-year-old female, 133 cm (52.5 in.) tall with a weight of 23 kg (51 lbs). She was wearing the manual 3-point lap and shoulder belt system. The third occupant was seated to the right of the second occupant. He was a 4-year-old male with a weight of 17 kg (37 lbs). He was seated in a toddler seat which was restrained by the lap/shoulder system. All three occupants were seated in captain's chairs.

Vehicle 2 was a 1984 Mercedes-Benz 300D driven by a 46-year-old female, 157 cm (62 in.) tall with an estimated weight of 61 kg (135 lbs).

Vehicle 1, the Plymouth Voyager, was initially stopped at a stop sign facing in an easterly direction. Vehicle 2 was travelling southbound approaching the intersection at an estimated speed of 89 KPH (55 MPH).

**Crash:** The driver of Vehicle 1 saw one vehicle go by and then proceeded into the intersection. The driver of Vehicle 2 saw Vehicle 1 enter the intersection. She braked and steered to the right to avoid the collision. She was unable to do so and the front of Vehicle 2 struck the left side of Vehicle 1 in a broadside configuration just behind the driver's door. The full frontal area of Vehicle 2 impacted the left side of Vehicle 1. The resultant direction of force for Vehicle 1 was 9 o'clock. Based on the impact configuration it is likely that the force direction for Vehicle 2 would have been in the 12 o'clock area. There was a maximum crush of 43 cm (17 in.) to Vehicle 1. Crush values at sill/above sill are as follows: C1: 0 cm (0 in.), C2: 19 cm (7.5 in.), C3: 39 cm (15.25 in.), C4: 34 cm (13.25 in.), C5: 15 cm (6.0 in.), and C6: 0 cm (0 in.). The OLDMISS program computed velocity changes of 33 KPH (20 MPH) for Vehicle 1 and 35 KPH (22 MPH) for Vehicle 2. The longitudinal component of Vehicle 1's induced deceleration (-6 KPH [-4 MPH]) was sufficient to deploy the supplemental restraint system (driver air bag). It should be

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noted that there was significant snagging between the front of Vehicle 2 and the left rear tire/wheel of Vehicle 1.

**Post Crash:** The impact rotated Vehicle 1 sharply in a counterclockwise direction. Vehicle 2 was forced into a counterclockwise rotation. Vehicle 1 came to rest just beyond the southwest corner of the intersection facing 270 degrees from its original path of travel. Vehicle 2 came to rest approximately 4 m (13 ft) south of the east/west roadway facing northwest approximately 120 degrees from its original path of travel.

**Occupant Kinematics:** The 37-year-old female driver of the Plymouth Voyager was in a forward driving position at impact and was wearing the manual 3-point lap and shoulder restraint system. She responded to the 9 o'clock force by initiating a lateral trajectory with respect to the vehicle, and contacted the left door panel. This contact did not result in any injuries. She also engaged the deploying supplemental restraint system (airbag). There was no evidence any loading of the restraint system. As a result of her involvement with the deploying SRS (air bag), the driver sustained a cut on her bottom lip and a swollen mouth. The driver also sustained a contusion to her right knee as a result of a lower instrument panel contact.

The 7-1/2 year-old female in the left rear seat was seated in a forward facing position and was wearing the manual 3-point lap and shoulder restraint system. She responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. Her forehead struck some unknown object (possibly the side glass or its locking mechanism) causing a quarter size abrasion. The lap portion of the restraint loaded causing contusions across this occupant's pelvic area. She lost consciousness for 2-3 minutes following the collision and was later diagnosed as having sustained a concussion. She also sustained a strained muscle in her left leg which, at the time of the interview (two weeks following the collision), has not yet healed and is causing her to drag her leg somewhat as she walks.

The four-year-old male in the right rear seat was seated in a forward facing position and had been placed in a [REDACTED] toddler seat. The seat had been secured by the lap/shoulder system using a locking clip. He responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. He struck some unknown object

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with his left ear causing it to later swell and turn purple according to the driver.

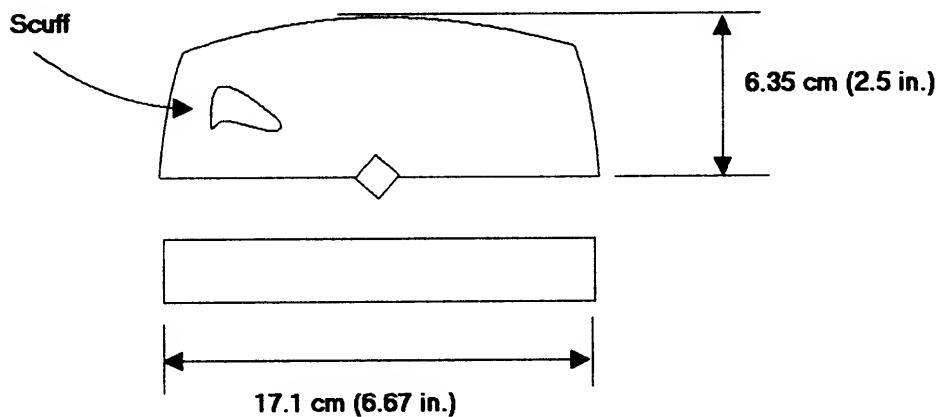
**Airbag System:**

Vehicle 1 was equipped with a supplemental restraint system (driver air bag) that deployed as a result of the side impact with Vehicle 2. The air bag was not damaged during deployment. The bag measured 58.4 cm (23.0 in.) by 45.7 (18.0 in.) in its deflated state. Two venting ports were located on the back side of the bag away from the driver and were located at the 11 and 1 o'clock positions.

The module flap parted at the designated tear points. The upper flap measured 6.35 cm (2.5 in) vertically and 17.1 (6.67 in.) horizontally. There was a light scuff on the left side of the upper flap, mostly likely a result of cover to wheel contact during deployment.

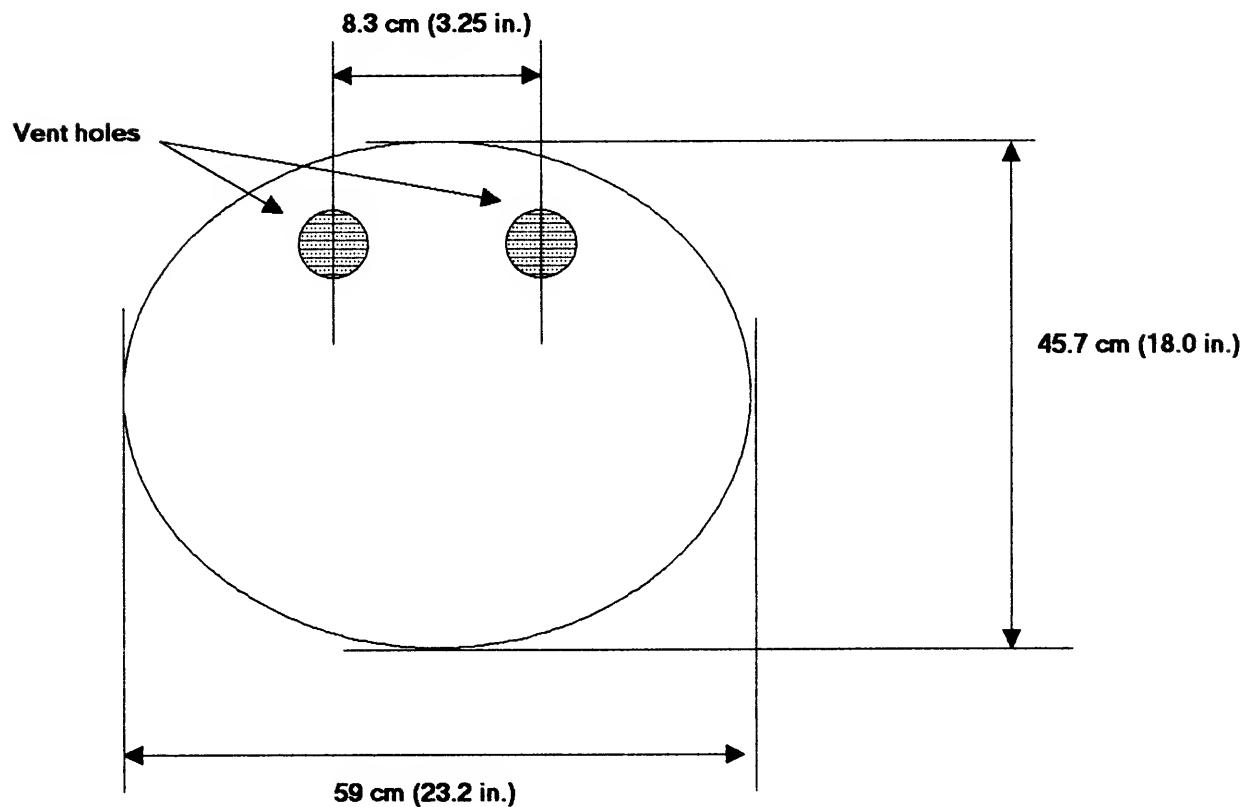
## Flap Dimensions

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## Airbag - Rear View

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**Scene Clearance:** The driver of Vehicle 1 was able to exit the vehicle on her own, using the driver's door. All three occupants of Vehicle 1 were transported to a local hospital. The driver of Vehicle 2 was also transported to a local hospital.

Both vehicles were towed from the scene due to damage. Vehicle 1 was subsequently "totalled" out and sold as salvage.

**Safety Standards:** There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspection of the case vehicle.

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**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 1**

	<b>DRIVER</b>	<b>OCCUPANT 2</b>
<b>Age/Sex:</b>	37/Female	7/Female
<b>Seated Position:</b>	Left front	Left rear
<b>Seat Type:</b>	Bucket	Bucket
<b>Height:</b>	157 cm (62 in.)	135 cm (53 in.)
<b>Weight:</b>	77 kgs (170 lbs)	23 kgs (51 lbs)
<b>Occupation:</b>	Unknown	None
<b>Pre-existing Medical Condition:</b>	None noted	None noted
<b>Alcohol/Drug Involvement:</b>	No	No
<b>Driving Experience:</b>	Unknown	None
<b>Body Posture:</b>	Normal, upright.	Normal, upright
<b>Hand Position:</b>	On steering wheel. 11/1 o'clock positions.	NA
<b>Foot Position:</b>	Right on accelerator. Left on floorboard.	NA
<b>Restraint Usage:</b>	3-point lap and shoulder and SRS	3-point lap and shoulder
<b>Additional Occupants:</b>	Yes, 2	

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**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 1**

**Occupant # 3**

<b>Age/Sex:</b>	4/Male
<b>Seated Position:</b>	Right rear
<b>Seat Type:</b>	Bucket
<b>Height:</b>	Unknown
<b>Weight:</b>	17 kgs (37 lbs)
<b>Occupation:</b>	None
<b>Pre-existing Medical Condition:</b>	None
<b>Alcohol/Drug Involvement:</b>	None
<b>Driving Experience:</b>	NA
<b>Body Posture:</b>	Unknown
<b>Hand Position:</b>	Unknown
<b>Foot Position:</b>	Unknown
<b>Restraint Usage:</b>	Seated in properly installed toddler seat.
<b>Additional Occupants:</b>	None

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**DRIVER AND OTHER OCCUPANTS (con't):**

**VEHICLE 2**

**DRIVER**

<b>Age/Sex:</b>	46/Female.
<b>Seated Position:</b>	Left front
<b>Seat Type:</b>	Unknown
<b>Height:</b>	157 cm (62 in)
<b>Weight:</b>	61 kg (135 lb)
<b>Occupation:</b>	Unknown
<b>Pre-existing Medical Condition:</b>	Unknown
<b>Alcohol Involvement:</b>	None
<b>Driving Experience:</b>	Unknown
<b>Body Posture:</b>	Unknown
<b>Hand Position:</b>	Unknown
<b>Foot Position:</b>	Unknown
<b>Restraint Usage:</b>	Shoulder harness used, per PAR
<b>Additional Occupants:</b>	None

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**INJURIES:**

**Vehicle 1**

	<b><u>INJURY</u></b>	<b><u>OIC CODE</u></b>	<b><u>ICD-9</u></b>	<b><u>SOURCE</u></b>
<b>DRIVER:</b>	Contusion, upper lip	290402.1,8	920	Airbag
	Laceration, lower lip	290600.1,8	873.04	Airbag
	Contusion, right knee	890402.1,1	924.11	Lower instrument panel
<b>L/R OCCUPANT:</b>	Concussion - unconscious 2-3 minutes, per interviewee	160202.2,0	850.1	Unknown
	Forehead abrasion	290202.1,7	910	Unknown
	Contusion, left pelvic area	890402.1,2	924.01	Lap belt
	Contusion, right pelvic area	890402.1,1	924.01	Lap belt
	Muscle strain, left calf	840602.1,2	844.9	Unknown
	Contusion, left ear	290402.1,2	920	Unknown
<b>R/R OCCUPANT:</b>				

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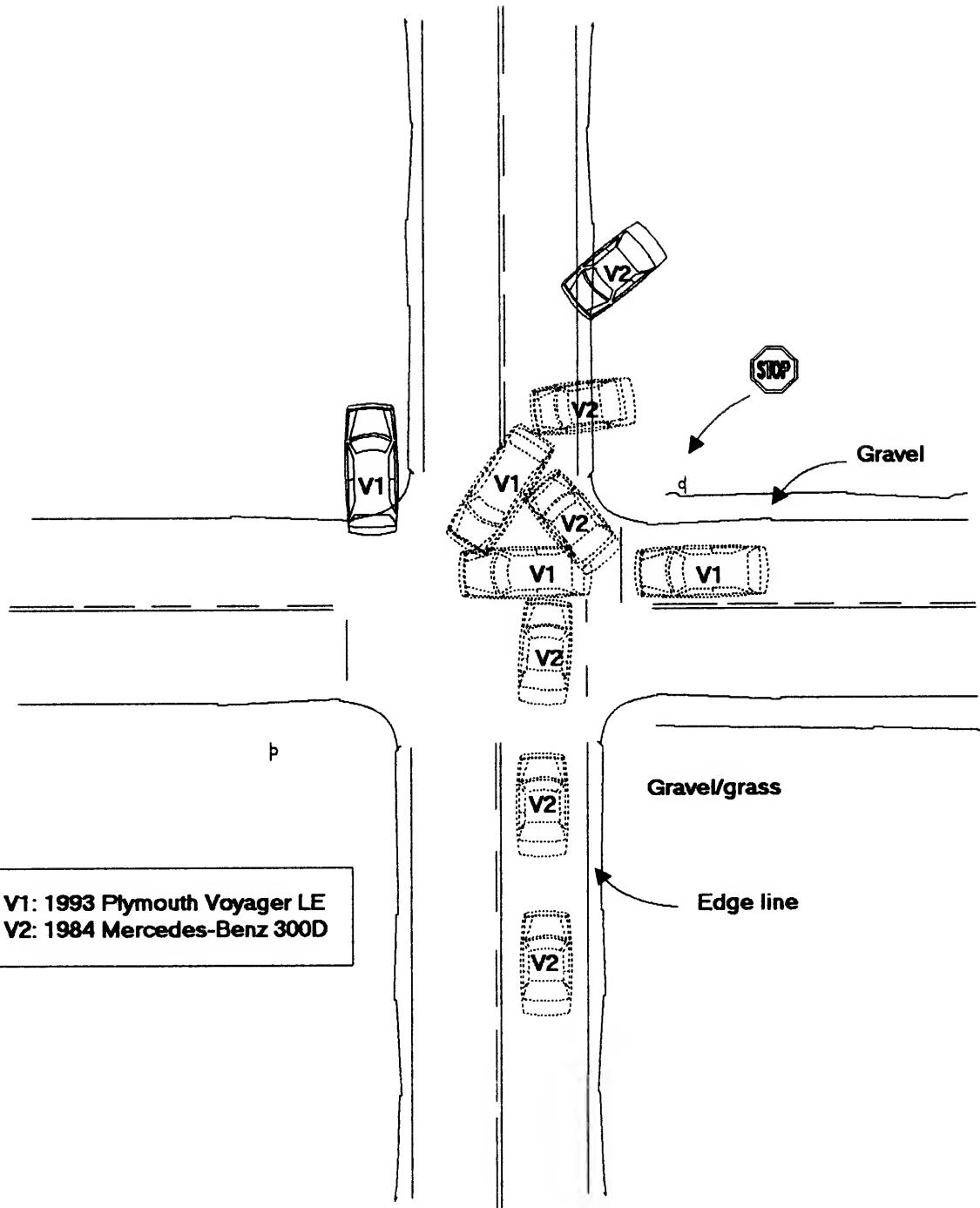
**INJURIES:**

**Vehicle 2**

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
<b>DRIVER:</b>	Forehead laceration	290600.1,7	873.52	Unknown

## Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound



Case Number: DSI-93-SP-22  
Scale: 1" = 20'  
NORTH

## COLLISION MEASUREMENTS

**Case Number DSI-93-SP-22**

Reference Point: Prolongation of north road edge

Reference Line: East road edge line

DATA POINT	LONGITUDINALS	LATERALS
East road edge line	0	0
Double, yellow line, west edge of northbound travel lane	0	3 m (9.8 ft) W
West road edge line	0	6.4 m (21.0 ft) W
South road edge line	5.9 m (19.4 ft) S	0
Double, yellow line, south edge of westbound travel lane	3 m (9.9 ft) S	0
North road edge	0	0
Utility box from V1 interior	9.6 m (31.5 ft) S	11.1 m (36.6) ft E
Gouges (begin) - possibly from left rear of V1	9.1 ft N	1.5 - 3.9 ft W
Gouges (end)	17.4 ft N	8.8 ft W

## PHOTO INDEX

**Case No. DSI-93-SP-22**

<b>PHOTO NO.</b>	<b>VEHICLE NO.</b>	<b>DIRECTION OF PICTURE</b>	<b>SUBJECT MATTER</b>
1-3	1	E	Approach to intersection.
9	1	E	Impact area.
5	1	W	Looking back along path of Vehicle 1.
6-8	2	S	Approach to intersection.
9	2	S	Impact area.
10	2	S	Path to final rest.
11	2	N	Looking back along path of Vehicle 2.
12-14	1	NW	Debris from interior of Vehicle 1.
15-27	1	CCW	Exterior of Vehicle 1. Note: #20-21 show closeup of damaged left rear axle, #23-24 show damage near latch/striker plate area of left front door.
28-51	1	NA	Interior of Vehicle 1. Note: #38 shows locking clip for right rear seat, #42 shows left rear glazing latch, #43-44 show left side intrusion, #45 shows back of left front seat, #46 shows back of right front seat, #47-48 show base of left and right front seats, #49-51 show closeup of airbag and airbag module.







SP22-14

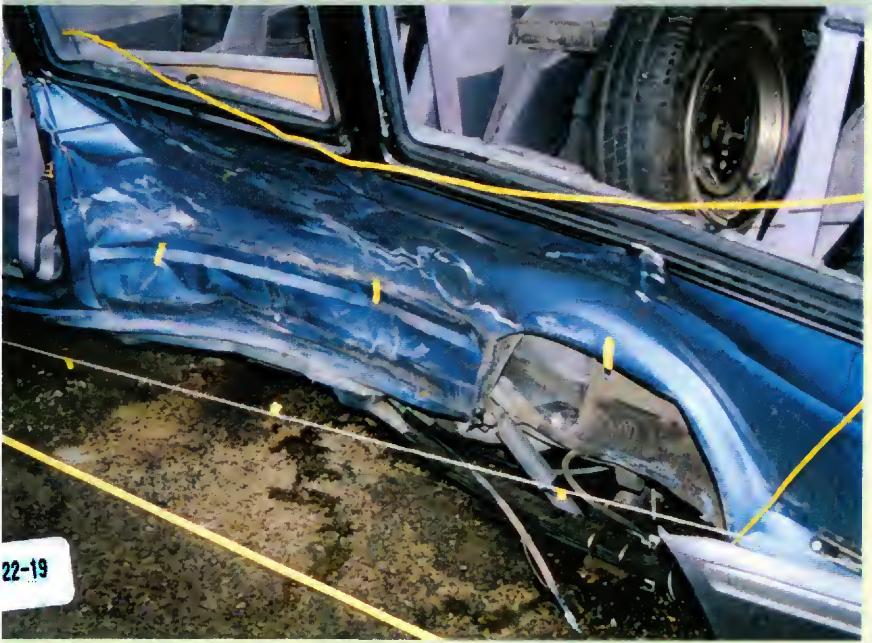


SP22-13



BEST AVAILABLE











SP22-35



SP22-36



SP22-37



SP22-38





SP22-43



SP22-44

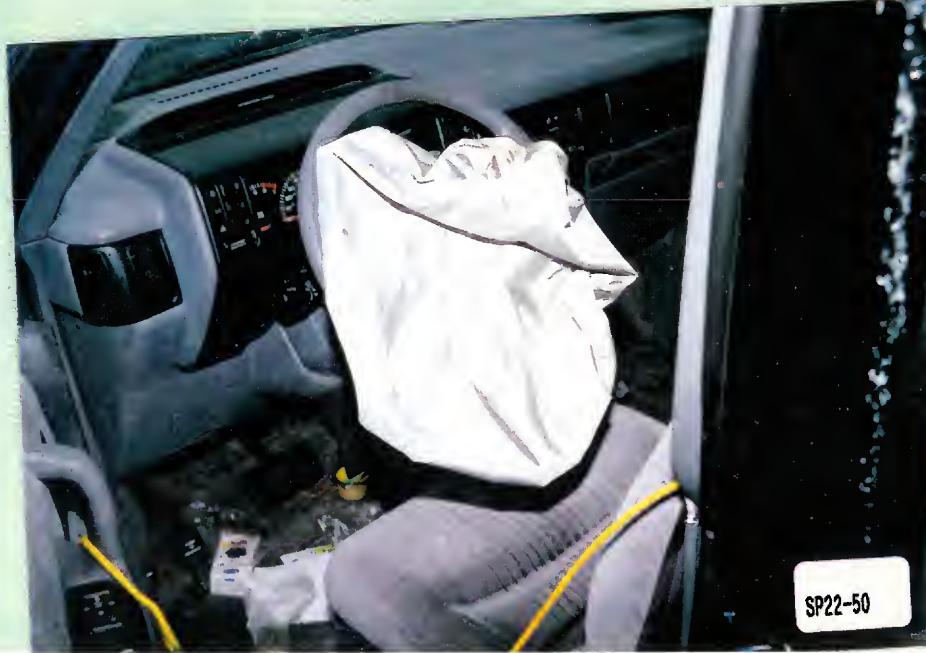


SP22-45



SP22-46







SP22-51

as

SP22-51

up

SP22-51

48



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum S P Z Z

### IDENTIFICATION

3. Number of General Vehicle Forms Submitted 42

4. Date of Accident (Month, Day, Year) WINTER/ WEEKDAY 9 3

5. Time of Accident MORNING

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

### SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS14 Fatal AOPS 1

7. SS15 Administrative Use 1

8. SS16 \_\_\_\_\_ 1

9. SS17 \_\_\_\_\_ 1

10. SS18 \_\_\_\_\_ 1

### NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 41

Code the number of events which occurred in this accident.

### ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>1 3</u>	15. <u>L</u>	16. <u>0 2</u>	17. <u>0 3</u>	18. <u>F</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT



## GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum <u>S P</u> <u>2 2</u></p> <p>3. Vehicle Number <u>4 1</u></p>	<p>11. Police Reported Alcohol Presence <u>4</u>            (0) No alcohol present            (1) Yes (alcohol present)            (7) Not reported            (8) No driver present            (9) Unknown</p>
<b>VEHICLE IDENTIFICATION</b>	
<p>4. Vehicle Model Year <u>7 3</u>            Code the last two digits of the model year            (99) Unknown</p> <p>5. Vehicle Make (specify): <u>PLYMOUTH</u>            Applicable codes are found in your            NASS Data Collection, Coding and            Editing Manual.            (99) Unknown</p> <p>6. Vehicle Model (specify): <u>VOYAGER LE</u>            Applicable codes are found in your            NASS Data Collection, Coding and            Editing Manual.            (999) Unknown</p> <p>7. Body Type <u>Z 4</u>            Note: Applicable codes may be found on            the back of this page.</p> <p>8. Vehicle Identification Number  <u>1 P 4 S H 5 4 R 2 P X K X X X L X</u>            Left justify; Slash zeros and letter Z (0 and Z)            No VIN—Code all zeros            Unknown—Code all nine's</p>	<p>Note: See variables 37 through 55            (Page 4) for information on Other Drugs</p> <p>12. Alcohol Test Result For Driver <u>9 6</u>            Code actual value (decimal implied            before first digit—0.xx)            (95) Test refused            (96) None given            (97) AC test performed, results unknown            (98) No driver present            (99) Unknown</p> <p>Source: _____</p>
<b>ACCIDENT RELATED</b>	
<p>13. Speed Limit <u>4 8 9</u>            (000) No statutory limit            Code posted or statutory speed limit            in kph            (999) Unknown</p> <p><u>55</u> mph X 1.6093 = <u>4 8 9</u> kph</p>	
<p>14. Attempted Avoidance Maneuver <u>4 1</u>            (00) No impact            (01) No avoidance actions            (02) Braking (no lockup)            (03) Braking (lockup)            (04) Braking (lockup unknown)            (05) Releasing brakes            (06) Steering left            (07) Steering right            (08) Braking and steering left            (09) Braking and steering right            (10) Accelerating            (11) Accelerating and steering left            (12) Accelerating and steering right            (97) No driver present            (98) Other action (specify):            (99) Unknown</p>	
<p>15. Accident Type <u>8 9</u>            Applicable codes may be found on the            back of page two of this field form            (00) No impact            Code the number of the diagram that            best describes the accident circumstance            (98) Other accident type (specify):            (99) Unknown</p>	
<b>OFFICIAL RECORDS</b>	
<p>9. Police Reported Vehicle Disposition <u>1</u>            (0) Not towed due to vehicle damage            (1) Towed due to vehicle damage            (9) Unknown</p> <p>10. Police Reported Travel Speed <u>9 9 9</u>            Code to the nearest kph (NOTE: 000 means            less than 0.5 kph)            (160) 159.5 kph and above            (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kph</p>	

\*\*\*\*\* SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 \*\*\*\*\*

OCCUPANT RELATED	
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	43
18. Number of Occupant Forms Submitted	13
VEHICLE WEIGHT ITEMS	
19. Vehicle Curb Weight _____ Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown	1,660 0
	<u>3,652</u> lbs X .4536 = <u>1,657</u> kgs
Source: _____	
20. Vehicle Cargo Weight _____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown	9,990
	<u>      </u> lbs X .4536 = <u>      </u> kgs
RECONSTRUCTION DATA	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	4
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	4
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted < 45 degrees (4) Tilted ≥ 45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):  (9) Unknown	4
24. Rollover	
(0) No rollover (no overturning)	4
<i>Rollover (primarily about the longitudinal axis)</i>	
(1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):  _____	
(5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown	
OVERRIDE/UNDERRIDE (THIS VEHICLE)	
25. Front Override/Underride (this Vehicle)	4
26. Rear Override/Underride (this Vehicle)	4
(0) No override/underride, or not an end-to-end impact	
<i>Override (see specific CDC)</i>	
(1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):  _____	
<i>Underride (see specific CDC)</i>	
(4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):  _____	
(7) Medium/heavy truck or bus override (9) Unknown	
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
27. Heading Angle For This Vehicle	90 0
28. Heading Angle For Other Vehicle	185

		Secondary      Highest
29. Basis for Total Delta V (highest)		<u>3</u>
<i>Delta V Calculated</i>		
(1) CRASH program—damage only routine		
(2) CRASH program—damage and trajectory routine		
(3) Missing vehicle algorithm		
<i>Delta V Not Calculated</i>		
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.		
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.		
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.		
<b>COMPUTER GENERATED DELTA V</b>		
		Secondary      Highest
30. Total Delta V		<u>4</u> <u>3</u> <u>3</u>
<u>32.51</u> Nearest kph		
(NOTE: 000 means less than 0.5 kph)		
(160) 159.5 kph and above		
(999) Unknown		
31. Longitudinal Component of Delta V		<u>+/-</u> <u>4</u> <u>4</u> <u>6</u>
<u>5.46</u> Nearest kph		
(NOTE: 000 means greater than -0.5 kph and less than +0.5 kph)		
( $\pm 160$ ) $\pm 159.5$ kph and above		
(_999) Unknown		
		Secondary      Highest
32. Lateral Component of Delta V		<u>(+/-)</u> <u>4</u> <u>3</u> <u>2</u>
<u>+37.05</u> Nearest kph		
(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph)		
( $\pm 160$ ) $\pm 159.5$ kph and above		
(_999) Unknown		
33. Energy Absorption		<u>62531.1</u> <u>62</u> <u>5</u> <u>00</u>
<u>62531.1</u> Nearest 100 joules		
(NOTE: 0000 means less than 50 joules)		
(9997) 999,650 joules or more		
(9999) Unknown		
34. Confidence In Reconstruction Program Results (For Highest Delta V)		<u>4</u>
(0) No reconstruction		
(1) Collision fits model — results appear reasonable		
(2) Collision fits model — results appear high		
(3) Collision fits model — results appear low		
(4) Borderline reconstruction — results appear reasonable		
35. Type of Vehicle Inspection		<u>1</u>
(0) No inspection		
(1) Complete inspection		
(2) Partial inspection (specify): _____		
36. Is this an AOPS Vehicle?		<u>1</u>
(0) No		
(1) Yes - researcher determined		
(2) VIN determined air bag system		
(3) VIN determined automatic (passive) belts		
(4) VIN determined air bag and automatic (passive) belts		

IS OLDMISS APPLICABLE FOR THIS VEHICLE?  YES  NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED?  YES  NO

37. Police Reported Other Drug Presence 4

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification 4  
(DEC) Test For Driver

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 4

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):  
\_\_\_\_\_  
(7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

### DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>4</u>	41. <u>4</u>
Depressant Drug	42. <u>4</u>	43. <u>4</u>
Stimulant Drug	44. <u>4</u>	45. <u>4</u>
Hallucinogen Drug	46. <u>4</u>	47. <u>4</u>
Cannabinoid Drug	48. <u>4</u>	49. <u>4</u>
Phencyclidine (PCP)	50. <u>4</u>	51. <u>4</u>
Inhalant Drug	52. <u>4</u>	53. <u>4</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>4</u>	55. <u>4</u>

#### Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

#### Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or  
not obtained
- (8) No driver present
- (9) Unknown if specimen test given

<b>OTHER DATA</b>			
<b>56. Driver's Zip Code</b>	<b>61. Rollover Initiation Object Contacted</b> <u>4</u> <u>4</u>		
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown			
<b>57. Driver's Race/Ethnic Origin</b>	<u>9</u>	<b>62. Location on Vehicle Where Initial Principal Tripping Force Is Applied</b> <u>4</u>	
(0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):  (9) Unknown		(0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify):  (8) Non-contact rollover forces (specify):  (9) Unknown	
<b>58. Vehicle Special Use (This Trip)</b>	<u>4</u>	<b>63. Direction of Initial Roll</b> <u>4</u>	
(0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): (9) Unknown		(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis  (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction	
<b>ROLLOVER DATA</b>			
If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.			
<b>59. Rollover Initiation Type</b>	<u>4</u>	<b>64. Pre-Event Movement (Prior to Recognition of Critical Event)</b> <u>4</u> <u>1</u>	
(0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify:  (9) Unknown rollover initiation type		(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):  (98) No driver present (99) Unknown	
<b>60. Location of Rollover Initiation</b>	<u>4</u>		
(0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown			

## PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_
- (99) Unknown

For Corrective Actions Attempted see variable GV14  
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver Ø

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) Ø

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), \*\*\*  
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



**U.S. Department of Transportation  
National Highway Traffic Safety  
Administration**

## **EXTERIOR VEHICLE FORM**

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	_____	3. Vehicle Number	Ø 1
2. Case Number - Stratum	S P Z Z		

## **VEHICLE IDENTIFICATION**

VIN 1P4GH54RZPX \* \* \* \* \* Model Year 93

Vehicle Make (specify): PLYMOUTH      Vehicle Model (specify): GRAND VOYAGER LE

**LOCATOR**

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	<u>51 CM ( 20 " ) FROM REAR</u>	<u>END OF VEHICLE</u>

#### **CRUSH PROFILE IN CENTIMETERS**

**NOTES:** Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure and document on the vehicle diagram the location of maximum crush.**

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

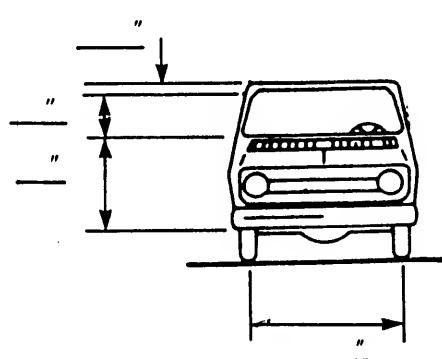
**Use as many lines/columns as necessary to describe each damage profile.**

MAX C = 17" 43 CM

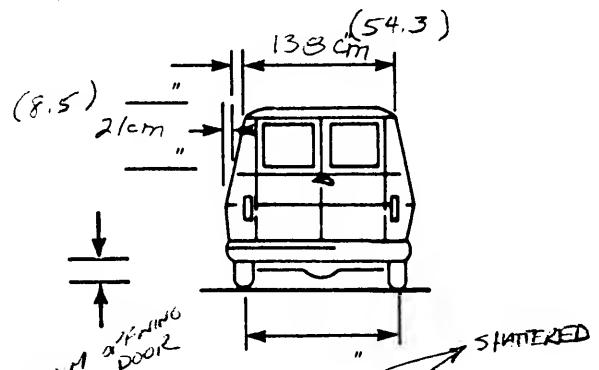
## VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	118.9      302 cm	(For locked front wheels or displaced rear axles only)	
RF <u>2</u>	RF <u>2</u>	Overall Length	192.9      490 cm	RF $\pm$ _____ °	
LF <u>2</u>	LF <u>2</u>	Maximum Width	72.0      183 cm	LF $\pm$ _____ °	
RR <u>2</u>	RR <u>2</u>	Curb Weight	3652      1057 Kg	RR $\pm$ _____ °	
LR <u>3</u> - KNOCKED	LR <u>2</u>	Average Track	155 cm	LR $\pm$ _____ °	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	86 cm	Within $\pm 5$ degrees	
TYPE OF TRANSMISSION		Rear Overhang	102 cm	DRIVE WHEELS	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Engine Size: cyl./ displ.	3.3 L	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD	
		Undeformed End Width	N/A	Approximate <u>NONE</u>	Cargo Weight <u>VISIBLUE</u>

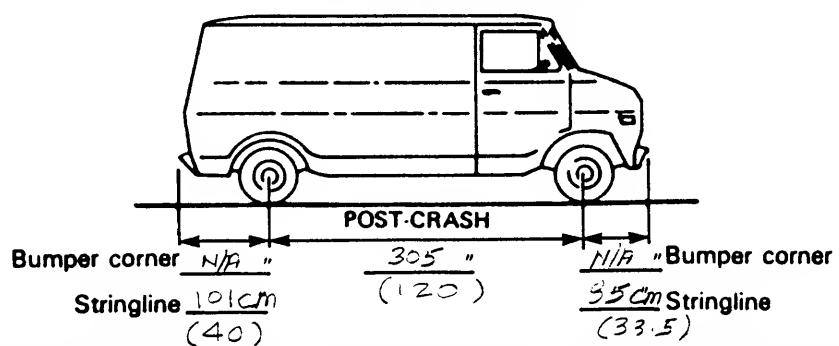
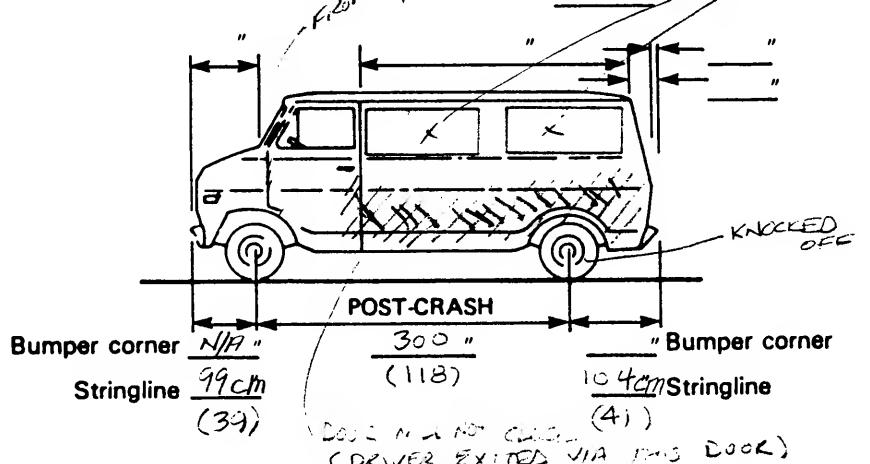
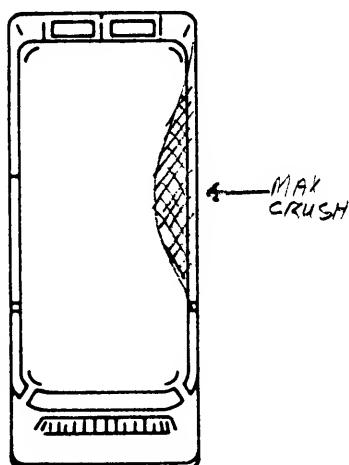
STAND SET-OAW



Original Bumper height



VEHICLE "TOTLED"



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>4</u> /	5. <u>Ø</u> <u>Z</u>	6. <u>Ø</u> <u>9</u>	7. <u>L</u>	8. <u>E</u>	9. <u>E</u>	10. <u>W</u> ✓	11. <u>D</u> <u>Z</u>

## Second Highest Delta "V"

12. \_\_\_\_ 13. \_\_\_\_ 14. \_\_\_\_ 15. \_\_\_\_ 16. \_\_\_\_ 17. \_\_\_\_ 18. \_\_\_\_ 19. \_\_\_\_

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>± D</u>
<u>344</u>	<u>344</u>	<u>419</u>	<u>439</u>	<u>434</u>	<u>415</u>	<u>444</u>	<u>3493</u>

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File?  
 (0) No  
 (1) Yes

27. Researcher's Assessment of Vehicle Disposition  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

28. Original Wheelbase 3 2 Z  
 Code to the nearest centimeter  
 (999) Unknown

118.9 inches X 2.54 = 302 centimeters

29. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?  
(0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

(Include photograph of CERTIFICATION  
PLACARD in case report)  
(9) Unknown if vehicle is modified

30. Fire Occurrence  
(0) No fire

Yes, fire occurred  
(1) Minor  
(2) Major  
(9) Unknown

31. Origin of Fire  
(0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

(9) Unknown

32. Type of Fuel Tank  
(0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS \*\*\*  
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

S P 2 2

2. Case Number - Stratum

41

3. Vehicle Number

## INTEGRITY

4. Passenger Compartment Integrity

0 6

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window ✓
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify): \_\_\_\_\_

(99) Unknown

SAFEGUARD

## Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify): \_\_\_\_\_

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

## Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify): \_\_\_\_\_

(9) Unknown

## GLAZING

## Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0  
20. BL 0 21. Roof 0 22. Other 0

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

## Glazing Damage from Occupant Contact

23. WS 0 24. LF 1 25. RF 0 26. LR 0 27. RR 0  
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

## Type of Window/Windshield Glazing

31. WS 0 32. LF 3 33. RF 0 34. LR 3 35. RR 0  
36. BL 0 37. Roof 0 38. Other 3

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify): \_\_\_\_\_

(9) Unknown

## Window Precrash Glazing Status

39. WS 0 40. LF 2 41. RF 0 42. LR 2 43. RR 0  
44. BL 0 45. Roof 0 46. Other 2

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>2</u> <u>1</u>	48. <u>2</u> <u>8</u>	49. <u>3</u>	50. <u>3</u>
2nd	51. <u>2</u> <u>1</u>	52. <u>0</u> <u>8</u>	53. <u>3</u>	54. <u>3</u>
3rd	55. <u>2</u> <u>1</u>	56. <u>1</u> <u>7</u>	57. <u>2</u>	58. <u>3</u>
4th	59. <u>3</u> <u>1</u>	60. <u>2</u> <u>8</u>	61. <u>1</u>	62. <u>3</u>
5th	63. <u>2</u> <u>1</u>	64. <u>0</u> <u>7</u>	65. <u>1</u>	66. <u>3</u>
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

(97) Catastrophic  
 (98) Other enclosed area (specify)

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

(99) Unknown

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

## Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

**STEERING COLUMN****87. Steering Column Type**

(1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify):

(9) Unknown

Z**88. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

X X**89. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

X X X**90. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

X X X**91. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

X X X**92. Steering Rim/Spoke Deformation**

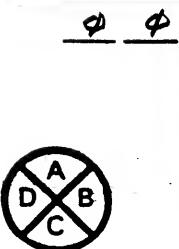
Code actual measured deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

Ø Ø**93. Location of Steering Rim/Spoke Deformation**

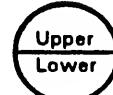
(00) No steering rim deformation

**Quarter Sections**

(01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D

**Half Sections**

(05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



(09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

**INSTRUMENT PANEL****94. Odometer Reading**Ø 2 9 ,000

\_\_\_\_\_ kilometers—Code to the nearest 1,000 kilometers

(000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

17,999 miles X 1.6093 = 28,966 kilometers

Source: \_\_\_\_\_

**95. Instrument Panel Damage from Occupant Contact?**Ø

(0) No  
 (1) Yes  
 (9) Unknown

**96. Knee Bolsters Deformed from Occupant Contact?**Ø

(0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

**97. Did Glove Compartment Door Open During Collision(s)?**Ø

(0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	NA			BLOOD	NA
B	45	01	TORSO	DEPLOYED	2
C	24	01	ARM/TORSO	FABRIC TRANSFER	2
D	24	43	-	SCUFFS	2
E	NA			MUD	NA
F	24	43	?	PLASTIC CRACKED - IMPACT/INTRUSION	2
G	16	-	-	SCUFF - RELATED TO DEPLOYMENT	NA
H					
I					
J					
K					
L					
M					
N					

## CODES FOR INTERIOR COMPONENTS

## FRONT

(01) Windshield  
 (02) Mirror  
 (03) Sunvisor  
 (04) Steering wheel rim  
 (05) Steering wheel hub/spoke  
 (06) Steering wheel (combination of codes D4 and D5)  
 (07) Steering column, transmission selector lever, other attachment  
 (08) Add on equipment (e.g., CB, tape deck, air conditioner)  
 (09) Left instrument panel and below  
 (10) Center instrument panel and below  
 (11) Right instrument panel and below  
 (12) Glove compartment door  
 (13) Knee bolster  
 (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (16) Driver side air bag compartment cover  
 (17) Passenger side air bag compartment cover  
 (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_  
 (19) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

(20) Left side interior surface, excluding hardware or armrests  
 (21) Left side hardware or armrest  
 (22) Left A (A1/A2)-pillar

(23) Left B-pillar

(24) Other left pillar (specify): \_\_\_\_\_

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

(27) Other left side object (specify): \_\_\_\_\_

(28) Left side window sill

## RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests

(31) Right side hardware or armrest

(32) Right A (A1/A2)-pillar

(33) Right B-pillar

(34) Other right pillar (specify): \_\_\_\_\_

(35) Right side window glass or frame

(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

(37) Other right side object (specify): \_\_\_\_\_

(38) Right side window sill

## INTERIOR

(40) Seat, back support  
 (41) Belt restraint webbing/buckle  
 (42) Belt restraint B-pillar attachment point  
 (43) Other restraint system component (specify): \_\_\_\_\_  
 (44) Head restraint system  
 (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify): \_\_\_\_\_

(47) Interior loose objects

(48) Child safety seat (specify): \_\_\_\_\_

(49) Other interior object (specify): \_\_\_\_\_

## ROOF

(50) Front header  
 (51) Rear header  
 (52) Roof left side rail  
 (53) Roof right side rail  
 (54) Roof or convertible top

## FLOOR

(56) Floor (including toe pan)  
 (57) Floor or console mounted transmission lever, including console  
 (58) Parking brake handle  
 (59) Foot controls including parking brake

## REAR

(60) Backlight (rear window)  
 (61) Backlight storage rack, door, etc.  
 (62) Other rear object (specify): \_\_\_\_\_

## CONFIDENCE LEVEL OF CONTACT POINT

(1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3		3
	Seat Type	41		41
	Seat Performance	6		1
	Seat Orientation	1		1
S E C O N D	Head Restraint Type/Damage	3		3
	Seat Type	41		41
	Seat Performance	6		1
	Seat Orientation	1		1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

## Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: \_\_\_\_\_
- (9) Unknown

## Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): OCC1 / BASE — MOVEMENT/NOT A FAILURE
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03						
1. Type of Child Safety Seat	2						
2. Child Safety Seat Orientation	12						
3. Child Safety Seat Harness Usage	19						
4. Child Safety Seat Shield Usage	19						
5. Child Safety Seat Tether Usage	19						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat						

**1. Type of Child Safety Seat**

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):  
\_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

**2. Child Safety Seat Orientation**

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight

  - (01) Rear facing
  - (02) Forward facing
  - (08) Other orientation (specify):  
\_\_\_\_\_
  - (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

**3. Child Safety Seat Harness Usage**

**4. Child Safety Seat Shield Usage**

**5. Child Safety Seat Tether Usage**  
Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**6. Child Safety Seat Make/Model**  
(Specify make/model and occupant number)

GERRY TODDLER SEAT

FORWARD FACING

---

## INTERVIEW FORM

---

**Case Number:** DSI-93-SP-22  
**Vehicle Number:** 01 (van)  
**Interviewee:** Driver/Driver's husband

### **Description of Accident**

"Approached stop sign at the intersection. Stopped. Watched as one car went past. Looked to the left and saw nothing. There is a dip in the distance. I believe the Mercedes was in the dip and that's why I didn't see it. I started to pull out. The Mercedes saw me and braked. I accelerated but couldn't get out of the way. Mercedes hit just behind driver's door. I was spun around almost all the way around and ended up near the road edge."

### **Additional Details**

**Accident Date/Time:** [REDACTED], 1993 / [REDACTED]  
**Accident Location:** [REDACTED] CA  
**Cargo [Describe]:** Unknown - child seat

### **Specific Questions - Other Vehicles**

**Year/Make/Model:** Mercedes  
**Occupant Details:**

#### **Notes**

**Extrication:** Was able to open her own door. She exited the vehicle opened up the sliding door on the passenger side. Son was crying. Retrieved him and took him to the roadside. Went back to get her daughter but she was unconscious. People began showing up. She went back to her son and when someone was with him she went back to her daughter. Daughter awoke after 2-3 minutes. All three were transported from the scene to a local hospital. The daughter was held overnight for observation.

**Seating:** All three occupants were seated in captain's chairs. The daughter was in the second seat left and the son was in the second seat right. The son was seated in a forward-facing "Gerry" toddler seat. The seat was attached using the belt system with a clip. The car seat was last seen in the van.



## INTERVIEW FORM (B)

1. Primary Sampling Unit Number	_____	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum	<u>S P</u>	<u>2 2</u>
3. Vehicle Number	<u>41</u>	

### ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

North  South  East  West

(Optional - Where were you coming from or going to?)  
\_\_\_\_\_

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

[1]  [2]  [3]  [4]  Other (specify):  
\_\_\_\_\_

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

Stopped  1-10  10-20  
 20-30  30-40  40-50  
 50-60  60-70  70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

Going straight  Stopped  
 slowing  Accelerating  
 Turning left  Turning right  
 Changing lanes to left  Changing lanes to right  
 Backing  
 Other (specify):  
\_\_\_\_\_

5. Did you experience any loss of control due to weather conditions or mechanical problems?

No  
 Yes (If yes, describe below)  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you have to take any avoidance actions prior to the accident?

No - Go to question 7  
 Yes - Go to question 6a

6a. What actions did you take?

Braking with lock-up  
 Braking without lock-up  
 Releasing brakes  
 Accelerating  
 Steering left  
 Steering right  
 Other (specify):  
\_\_\_\_\_

7. Where was your vehicle at the time of the collision?

Original travel lane  Different travel lane  
 In intersection  Off roadway to right  
 Off roadway to left  
 Other (specify):  
\_\_\_\_\_

8. Was your travel speed at the time of the collision different from your previous travel speed?

No  
 Lower  
 Higher  
 Unknown

8a. Can you estimate your speed at the time of the collision?

Stopped  1-10  10-20  
 20-30  30-40  40-50  
 50-60  60-70  70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

SPUN ALMOST COMPLETELY  
AROUND

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

\_\_\_\_\_  
\_\_\_\_\_

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number SL2. Case Number - Stratum SP 224. Occupant Number 41

## VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1993, PLYMOUTH, VOYAGER  
Year Make Model

2. Can you describe the damage to your vehicle?

HEAVY LEFT SIDE DAMAGE

3. Was there any previous damage to your vehicle that is not related to this accident?

 No Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

 No Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?

 No Yes (If "Yes", describe below)LEFT / BOTH

6. Does your vehicle have a glove compartment?

 No Yes

6a. Did the glove compartment door come open during the accident?

 No Yes Unknown

7. Does your vehicle have "seat belts"?

 No (If "No", go to question 7b) Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat  Lap  Lap and shoulderFront seat middle  Lap  Lap and shoulderFront seat right  Lap  Lap and shoulderRear seat left  Lap  Lap and shoulderRear seat middle  Lap  Lap and shoulderRear seat right  Lap  Lap and shoulder

(Identify seat belts for third row and beyond)

?

7b. Were any of the belts removed or not functional prior to the accident?

 No Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

 No (If "No", go to question 9) Yes (If "Yes", what seat location?) Left Front Right Front

8a. Were the motorized belts working properly before the accident?

 No (If "No", describe condition below) Yes

8b. Were the belts connected to the track prior to the accident?

 No Yes Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

 No (go to question 10) Yes

9a. Does this belt come across the \_\_\_\_\_?

 Chest only Lap and chest

9b. Was this belt connected prior to the accident?

 No Yes Unknown

## AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

 No (go to question 11) Yes (go to question 10a) Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

 No (go to questions 10b and 10c) Yes (go to question 10e)

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number Ø 12. Case Number - Stratum S P 2 24. Occupant Number Ø 1

## VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

 No Yes (If "Yes", describe previous condition)  
\_\_\_\_\_ Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

 No (go to question 11) Yes (go to question 10d) Unknown

10d. Was the air bag re-installed after the accident?

 No (go to question 11) Yes Unknown

10e. Did the air bag inflate as you expected?

 No (If "No" describe below)  
\_\_\_\_\_ Yes Unknown

11. Is your vehicle equipped with a passenger side air bag?

 No (If "No", go to question 12) Yes (If "Yes", go to question 11a) Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

 No (go to question 11b) Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

 No Yes (If "Yes", describe below)  
\_\_\_\_\_ Unknown

11c. Was the passenger air bag inflated in a previous accident?

 No (go to question 12) Yes (go to question 11d) Unknown

11d. Was the passenger air bag re-installed after the accident?

 No (go to question 12) Yes Unknown

11e. Did the passenger air bag inflate as you expected?

 No (If "No" describe below)  
\_\_\_\_\_ Yes Unknown

## CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

 No (If "No", go to question 13) Yes Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

"GERRY" TODDLER SEAT  
\_\_\_\_\_

12b. Can you describe the type of child safety seat?

 Infant Toddler Convertible Booster Other (specify): A SEAT PREVIOUSLY Unknown INVOLVED IN AN ACCIDENT.

12c. Where was the child safety seat(s) located?

 [12]  [13] [21]  [23]  [31]  [32]  [33] [Other] (specify): \_\_\_\_\_

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

 Rear facing Forward facing, Other (specify): \_\_\_\_\_ Unknown

12e. Was a seat belt used to hold the child seat in place?

 No (If "No", go to question 12g) Yes (If "Yes", go to question 12f) Unknown

12f. Can you describe how the seat belt was secured to the child seat?

 Looped through designated rear framing struts? Looped through arm rest slots? Belt across safety shield? Looped through rear frame outside the designated framing struts? Other (specify): \_\_\_\_\_ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

 Harness Shield Tether strap

If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number 412. Case Number - Stratum S P Z 24. Occupant Number 41

## VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

Yes  
 (specify \_\_\_\_\_)  
 No  
 Unknown

12i. Were any of these items used during the accident?

Yes (If "Yes", check all that apply)  
 ( ) Harness  
 ( ) Shield  
 ( ) Tether strap

No  
 Unknown

## CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

No (If "No", go to question 14)  
 Yes (If "Yes", go to question 13a)  
 Unknown

13a. Can you estimate the weight of the cargo?

     lbs.Cargo description  
    

14. Can you tell me the mileage on the vehicle?

? miles

## OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

NA

16. May I take a look at your vehicle to assess the damage?

No  
 Yes

## DRIVER ONLY

17. What race do you consider yourself?

White  
 Black  
 American Indian, Eskimo or Aleut, Asian or Pacific Islander  
 Other (specify: \_\_\_\_\_)  
 Unknown.

18. Are you of hispanic origin?

No  
 Yes

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number Q12. Case Number - Stratum S P Z Z4. Occupant Number Q1

## OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?  
 No (If "No", go to question 4)  
 Yes (If "Yes", specify number in question 2 below and then go to question 3)  
 Unknown

2. How many?  
 One other person  
 Two other persons  
 Three other persons  
 Four other persons  
 Five other persons  
 Six other persons  
 Seven or more other persons  
 (specify number:) \_\_\_\_\_

3. Where was this person sitting? (Circle seating positions)

[12]  [13]  
 [21]  [22]  [23]  
 [31]  [32]  [33]  
 Other (specify:) \_\_\_\_\_

## OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'2 Weight 170 Age 37

Sex:  Male  Female

## OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

NORMAL UPRIGHT

5a. Can you describe the location of your (his/her) feet just prior to the collision?

(2) ON ACCELERATOR

5b. Can you describe the location of your (his/her) arms?

BOTH ON WHEEL

5c. Was your (his/her) back resting against the seat back rest?  
 No (If "No", describe the position)

Yes  
 Unknown

5d. Were you (Was he/she) sitting upright or  
 Sitting upright or  
 Leaning to left side, or  
 Leaning to right side?

## OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?  
 No (If "No", go to question 7)  
 Yes (If "Yes", go to question 6a)  
 Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?  
 No  
 Yes (Describe:) \_\_\_\_\_

## OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?  
 No (If "No", go to question 8)  
 Yes  
 Unknown

7a. Were you (Was he/she) wearing the  
 Lap belt?  
 Lap and Shoulder belt?  
 Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?  
 Across the stomach  
 Low on lap  
 Other (specify:) \_\_\_\_\_  
 Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?  
 Over the shoulder  
 Under the arm  
 Behind the back  
 Behind the seat  
 Other (specify:) \_\_\_\_\_

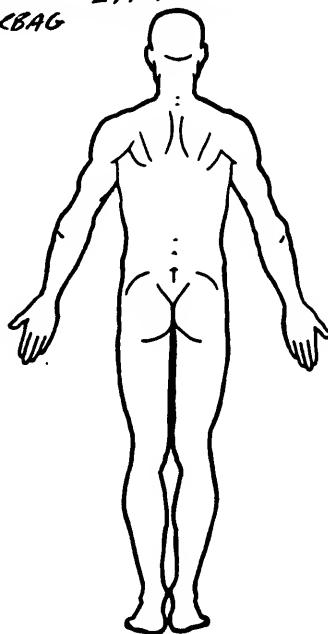
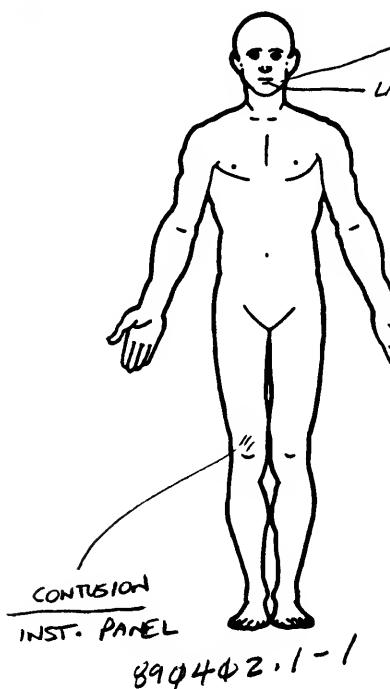
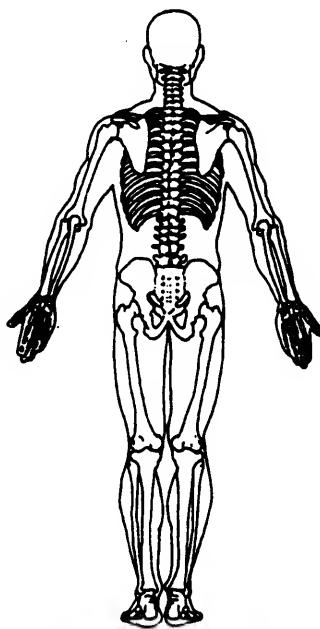
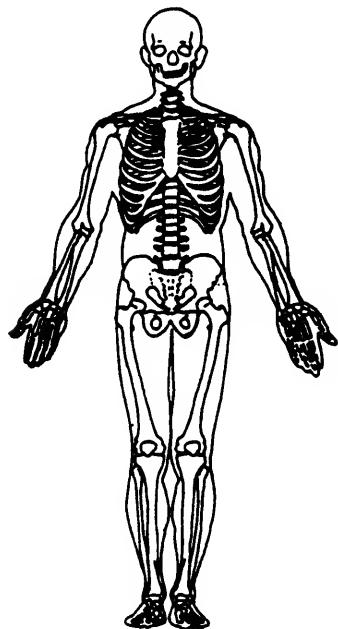
7d. Did any part of the belt system break or tear?  
 No  
 Yes (If "Yes", describe) \_\_\_\_\_

Unknown

## OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?  
 No  
 Yes (If "Yes", describe) \_\_\_\_\_  
 Unknown

PSU Number \_\_\_\_\_

Case Number—Stratum S P 22Vehicle Number 41Occupant Number 1**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER**SOFT TISSUE/INTERNAL INJURIES**294442-1-8**SKELETAL INJURIES**

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

## National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 7

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	4. Occupant Number
OCCUPANT INJURY DATA QUESTIONS	
<p>1. Were you (Was he/she) injured?</p> <p><input type="checkbox"/> No (If "No", go to next occupant. Stop if no other occupant.)</p> <p><input type="checkbox"/> Yes (If "Yes", complete Occupant Injury Questions)</p> <p><input type="checkbox"/> Unknown</p> <p>2. Did you (he/she) receive any cuts, abrasions, or bruises?</p> <p><input type="checkbox"/> No (go to question 3)</p> <p><input type="checkbox"/> Yes (If "Yes", record the exact location(s) and size on the manikin(s).)</p> <p><input type="checkbox"/> Unknown</p> <p>2a. Do you know what caused your (his/her) injury(s)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)</p> <p><input type="checkbox"/> Unknown</p> <p>3. Did you (he/she) experience any broken bones?</p> <p><input type="checkbox"/> No (If "No", go to question 4)</p> <p><input type="checkbox"/> Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)</p> <p><input type="checkbox"/> Unknown</p> <p>3a. Do you know what caused the injury(s)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)</p> <p><input type="checkbox"/> Unknown</p> <p>4. Did you (he/she) injure your (his/her) head?</p> <p><input type="checkbox"/> No (If "No", go to question 5)</p> <p><input type="checkbox"/> Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)</p> <p><input type="checkbox"/> Unknown</p> <p>4a. Do you know what caused the injury(s)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If "Yes", specify the component(s) on the manikin(s).)</p> <p><input type="checkbox"/> Unknown</p> <p>5. Were any of your (his/her) internal organs injured?</p> <p><input type="checkbox"/> No (If "No", go to question 6)</p> <p><input type="checkbox"/> Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)</p> <p><input type="checkbox"/> Unknown</p>	<p>3a. Do you know what caused this injury?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If "Yes", specify the component(s) on the manikin(s).)</p> <p><input type="checkbox"/> Unknown</p> <p>6. Did you (he/she) suffer any joint sprains or muscle strains?</p> <p><input type="checkbox"/> No (If "No", go to question 7)</p> <p><input type="checkbox"/> Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)</p> <p><input type="checkbox"/> Unknown</p> <p>6a. Do you know what caused the injury(s)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If "Yes", specify the component(s) on the manikin(s).)</p> <p><input type="checkbox"/> Unknown</p> <p>7. Did you (he/she) receive treatment for your (his/her) injury(s)?</p> <p><input type="checkbox"/> No (If "No", go to question 8)</p> <p><input type="checkbox"/> Yes (If "Yes", go to question 7a)</p> <p>7a. Were you (Was he/she) treated by:</p> <p><input type="checkbox"/> Hospital/trauma center? (specify hospital name): _____</p> <p><input type="checkbox"/> Medical clinic</p> <p><input type="checkbox"/> Out patient surgery? (specify medical facility): _____</p> <p><input type="checkbox"/> Paramedics or first aid at the scene?</p> <p><input type="checkbox"/> A doctor in his/her office?</p> <p><input type="checkbox"/> Treated at home?</p> <p><input type="checkbox"/> None of the above, go to question 8.</p> <p>7b. Were you (Was he/she) treated and released from the emergency room?</p> <p><input type="checkbox"/> No (If "No", go to question 7c.)</p> <p><input type="checkbox"/> Yes (If "Yes", go to question 7e.)</p> <p>7c. Were you (Was he/she) hospitalized?</p> <p><input type="checkbox"/> No (If "No", give an explanation)</p> <p><input type="checkbox"/> Yes (If "Yes", go to question 7d.)</p> <p>7d. How many days were you (was he/she) in the hospital? _____ days</p>

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number Φ 12. Case Number - Stratum S P Z Z4. Occupant Number Φ 1

## OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

 No Yes (If "Yes", describe):  
\_\_\_\_\_  
\_\_\_\_\_ Unknown

8. Have you (he/she) lost any days from work or school (college)?

 No Yes (If "Yes", determine the number of days lost)  
(Specify): \_\_\_\_\_ Not working prior to the accident Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

 No Yes (If "Yes", mail or present the form for signature.)

National Accident Sampling System-Crashworthiness Data System: Interview Form

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number Φ 1

2. Case Number - Stratum S P 2 2

4. Occupant Number Φ 2

OCCUPANT DATA QUESTIONS SUPPLEMENT

1. Who was the next occupant in your vehicle at the time of the accident?

DAUGHTER

2. Occupant Number 2 of 3.

3. Where were you (was this person) sitting? (Circle seating positions)

- [12]      [13]
- [22]      [23]
- [31]      [32]      [33]
- Other (specify): \_\_\_\_\_

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 52 1/2 Weight 51 Age 7 1/2

Sex:  Male  Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she) was sitting in the vehicle?

NORMAL UPRIGHT

5a. Can you describe the location of your (his/her) feet just prior to the collision?

UNK.

5b. Can you describe the location of your (his/her) arms?

UNK.

5c. Was your (his/her) back resting against the seat back rest?  
 No (If "No", describe the position)

- Yes
- Unknown

5d. Were you (Was he/she)

- Sitting upright or
- Leaning to left side, or
- Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

- No (If "No", go to question 7)
- Yes (If "Yes", go to question 6a)
- Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?

- No
- Yes (Describe): \_\_\_\_\_

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

- No (If "No", go to question 8)
- Yes
- Unknown

7a. Were you (Was he/she) wearing the

- Lap belt?
- Lap and Shoulder belt?
- Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

- Across the stomach
- Low on lap
- Other (specify): \_\_\_\_\_
- Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

- Over the shoulder
- Under the arm
- Behind the back
- Behind the seat
- Other (specify): \_\_\_\_\_

7d. Did any part of the belt system break or tear?

- No
- Yes (If "Yes", describe): \_\_\_\_\_
- Unknown

OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

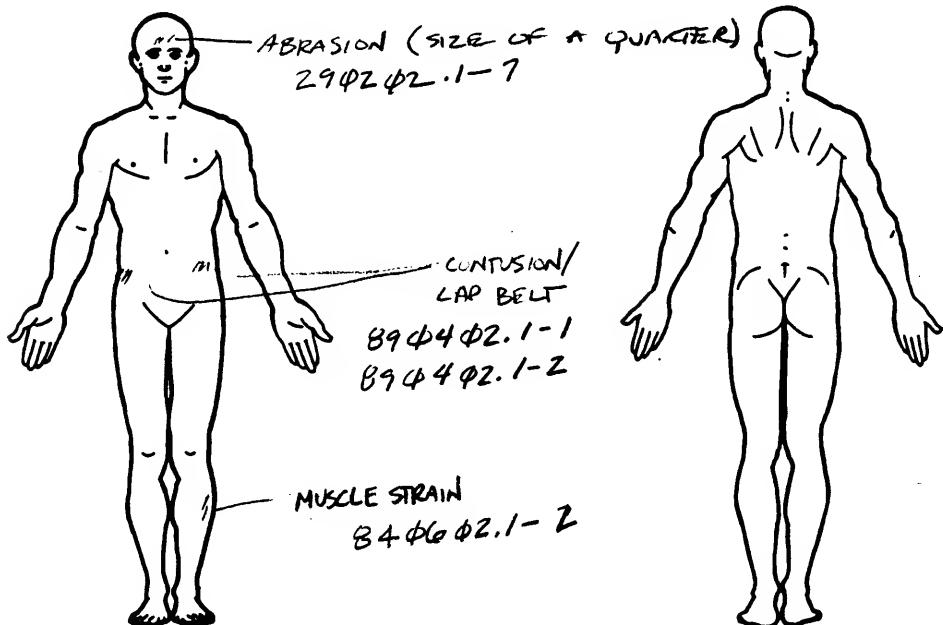
- No
- Yes (If "Yes", describe): \_\_\_\_\_
- Unknown

PSU Number        Case Number-Stratum S P 2 Z Vehicle Number 4 1 Occupant Number 0 2

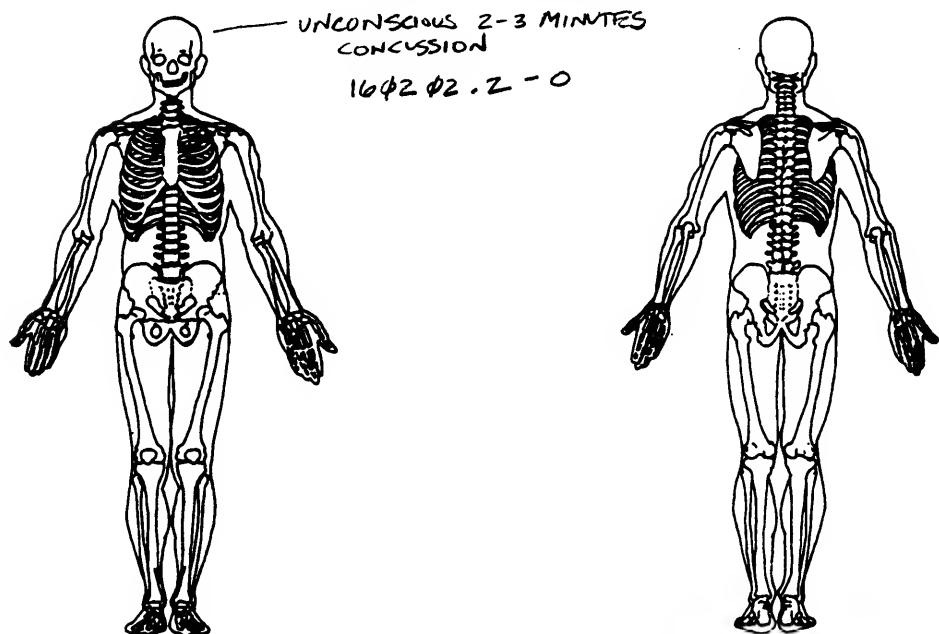
## INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

## SOFT TISSUE/INTERNAL INJURIES



## SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number \_\_\_\_\_

2. Case Number - Stratum \_\_\_\_\_

4. Occupant Number \_\_\_\_\_

**OCCUPANT INJURY DATA QUESTIONS**

1. Were you (Was he/she) injured?

No (If "No", go to next occupant. Stop if no other occupant.)  
 Yes (If "Yes", complete Occupant Injury Questions)  
 Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

No (go to question 3)  
 Yes (If "Yes", record the exact location(s) and size on the manikin(s).)  
 Unknown

2a. Do you know what caused your (his/her) injury(s)?

No  
 Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)  
 Unknown

3. Did you (he/she) experience any broken bones?

No (If "No", go to question 4)  
 Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)  
 Unknown

3a. Do you know what caused the injury(s)?

No  
 Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)  
 Unknown

4. Did you (he/she) injure your (his/her) head?

No (If "No", go to question 5)  
 Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)  
 Unknown

4a. Do you know what caused the injury(s)?

No  
 Yes (If "Yes", specify the component(s) on the manikin(s).)  
 Unknown

5. Were any of your (his/her) internal organs injured?

No (If "No", go to question 6)  
 Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)  
 Unknown

5a. Do you know what caused this injury?

No  
 Yes (If "Yes", specify the component(s) on the manikin(s).)  
 Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

No (If "No", go to question 7)  
 Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)  
 Unknown

6a. Do you know what caused the injury(s)?

No  
 Yes (If "Yes", specify the component(s) on the manikin(s).)  
 Unknown

7. Did you (he/she) receive treatment for your (his/her) injury(s)?

No (If "No", go to question 8)  
 Yes (If "Yes", go to question 7a)

7a. Were you (Was he/she) treated by:

 Hospital/trauma center? (specify hospital name): \_\_\_\_\_

Medical clinic  
 Out patient surgery? (specify medical facility): \_\_\_\_\_  
 Paramedics or first aid at the scene?  
 A doctor in his/her office?  
 Treated at home?  
 None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

No (If "No", go to question 7c.)  
 Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

No (If "No", give an explanation)  
 Yes (If "Yes", go to question 7d.)

\_\_\_\_\_

\_\_\_\_\_

7d. How many days were you (was he/she) in the hospital?

\_\_\_\_\_ days

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number \_\_\_\_\_

2. Case Number - Stratum \_\_\_\_\_

4. Occupant Number \_\_\_\_\_

## OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

 No Yes (If "Yes", describe: \_\_\_\_\_) Unknown

8. Have you (he/she) lost any days from work or school (college)?

 No Yes (If "Yes", determine the number of days lost)  
(Specify: \_\_\_\_\_) Not working prior to the accident Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

 No Yes (If "Yes", mail or present the form for signature.)



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum SP 22
3. Vehicle Number 41
4. Occupant Number 41

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 37  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 157  
Code actual height to the nearest centimeter.  
(999) Unknown
8. Occupant's Weight 67  
Code actual weight to the nearest kilogram.  
(999) Unknown

$$174 \text{ pounds} \times .4536 = 77 \text{ kilograms}$$

9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

### OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant
- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant
- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant
- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant
- (97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

11. Occupant's Posture 4  
(0) Normal posture
- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

(0) No ejection  
(1) Complete ejection  
(2) Partial ejection  
(3) Ejection, unknown degree  
(9) Unknown

4

## 15. Medium Status (Immediately Prior To Impact)

(0) No ejection  
(1) Open  
(2) Closed  
(3) Integral structure  
(9) Unknown

4

## 13. Ejection Area

(0) No ejection  
(1) Windshield  
(2) Left front  
(3) Right front  
(4) Left rear  
(5) Right rear  
(6) Rear  
(7) Roof  
(8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_  
(9) Unknown

4

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped  
(1) Entrapped  
(9) Unknown

4

## 14. Ejection Medium

(0) No ejection  
(1) Door/hatch/tailgate  
(2) Nonfixed roof structure  
(3) Fixed glazing  
(4) Nonfixed glazing (specify):  
\_\_\_\_\_  
(5) Integral structure  
(8) Other medium (specify):  
\_\_\_\_\_  
(9) Unknown

4

## RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability</p> <p>(0) None available            (1) Belt removed/destroyed            (2) Shoulder belt            (3) Lap belt            (4) Lap and shoulder belt            (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)            (7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<b>4</b>	<p>21. Air Bag System Availability/Function</p> <p>(0) Not equipped/not available            (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled            (9) Unknown</p>	<b>1</b>
<p>18. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed            (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____            (03) Lap belt _____            (04) Lap and shoulder belt _____            (05) Belt used—type unknown _____            (08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat            (13) Lap belt used with child safety seat            (14) Lap and shoulder belt used with child safety seat            (15) Belt used with child safety seat—type unknown            (18) Other belt used with child safety seat (specify): _____            (99) Unknown if belt used _____</p>	<b>4 4</b>	<p>22. Air Bag System Deployment</p> <p>(0) Not equipped/not available            (1) Air bag deployed during accident (as a result of impact)            (2) Air bag deployed inadvertently just prior to accident            (3) Air bag deployed, accident sequence undetermined            (4) Nondeployed            (5) Unknown if deployed            (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)            (9) Unknown</p>	<b>1</b>
<p>19. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available            (1) Belt used properly            (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm            (4) Shoulder belt worn behind back or seat            (5) Belt worn around more than one person            (6) Lap belt worn on abdomen            (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____            (9) Unknown _____</p>	<b>1</b>	<p>23. Are There Indications of Air Bag System Failure?</p> <p>(0) Not equipped/not available            (1) No            (2) Yes (specify): _____            (9) Unknown</p>	<b>1</b>
<p>Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts</p>			
<p>20. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used            (1) No manual belt failure(s)            (2) Torn webbing (stretched webbing not included)            (3) Broken buckle or latchplate            (4) Upper anchorage separated            (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor            (7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____            (9) Unknown _____</p>	<b>1</b>	<p>24. Police Reported Restraint Use</p> <p>(0) None used            (1) Police did not indicate restraint use            (2) Shoulder belt            (3) Lap belt            (4) Lap and shoulder belt            (5) Belt used, type not specified            (6) Child safety seat            (7) Other or automatic restraint (specify): _____</p> <p>(8) Restrained, type unknown            (9) Police indicated "unknown"</p>	<b>4</b>

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

3

## 27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion  
(specify): \_\_\_\_\_

BASE DEFORMED

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## 26. Seat Type (this Occupant Position)

0 /

(00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
*CAPTAIN'S CHAIR*  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify): \_\_\_\_\_  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

CHILD SAFETY SEAT		
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used	<u>4</u> <u>4</u> <u>4</u> <u>4</u>	31. Child Safety Seat Harness Usage <u>4</u> <u>4</u> 32. Child Safety Seat Shield Usage <u>4</u> <u>4</u> 33. Child Safety Seat Tether Usage <u>4</u> <u>4</u>  <small>Note: Options below applicable to Variables OA31-OA33.</small> (00) No child safety seat  <small>Not Designed With Harness/Shield/Tether</small> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used  <small>Designed With Harness/Shield/Tether</small> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used  <small>Unknown If Designed With Harness/Shield/Tether</small> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used  (99) Unknown if child safety seat used
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used	<u>4</u>	
30. Child Safety Seat Orientation (00) No child safety seat  <small>Designed for Rear Facing for This Age/Weight</small> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation  <small>Designed For Forward Facing for This Age/Weight</small> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation  <small>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</small> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation  (99) Unknown if child safety seat used	<u>4</u> <u>4</u> <u>4</u>	

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	<u>2</u>
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment - Mortality	<u>4</u>
(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):  <i>Nonfatal</i> (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify):  (9) Unknown	
36. Type Of Medical Facility (for Initial Treatment)	<u>2</u>
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):  (9) Unknown	
37. Hospital Stay	<u>4</u>
(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	
38. Working Days Lost	<u>99</u>
(up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
<b>STOP - GO TO VARIABLE 44 ON PAGE 7</b>	
<b>VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER</b>	
39. Time to Death	<u>4</u>
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	
40. 1st Medically Reported Cause of Death	<u>4</u>
41. 2nd Medically Reported Cause of Death	<u>4</u>
42. 3rd Medically Reported Cause of Death	<u>4</u>
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  (97) Other result (includes fatal ruled disease) (specify):  (99) Unknown	
43. Number of Recorded Injuries for This Occupant	<u>4</u>
Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	

**AUTOMATIC BELT SYSTEM**

**44. Automatic (Passive) Belt System Availability/Function**

(0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

(4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

(0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

(0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive Belt System)**

(0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

(3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

(0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):

(6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

**49. Seat Orientation (this Occupant Position)**

(0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):

(9) Unknown

**STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA****50. Glasgow Coma Scale (GCS) Score (at Medical Facility)**

(00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

**51. Was the Occupant Given Blood?**

(1) No - blood not given  
 (2) Yes - blood given  
 (specify units):  
 (9) Unknown if blood given

**52. Arterial Blood Gases (ABG) - HCO<sub>3</sub>**

(00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES [ ]

UPDATE CANDIDATE?

NO [X] YES [ ]



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NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number \_\_\_\_\_  
2. Case Number - Stratum S P Z Z

3. Vehicle Number 41

4. Occupant Number 41

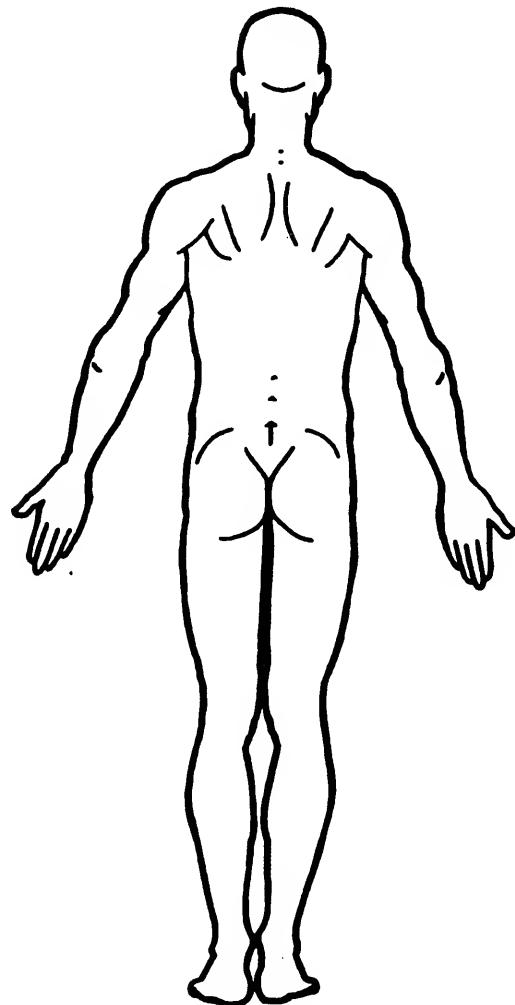
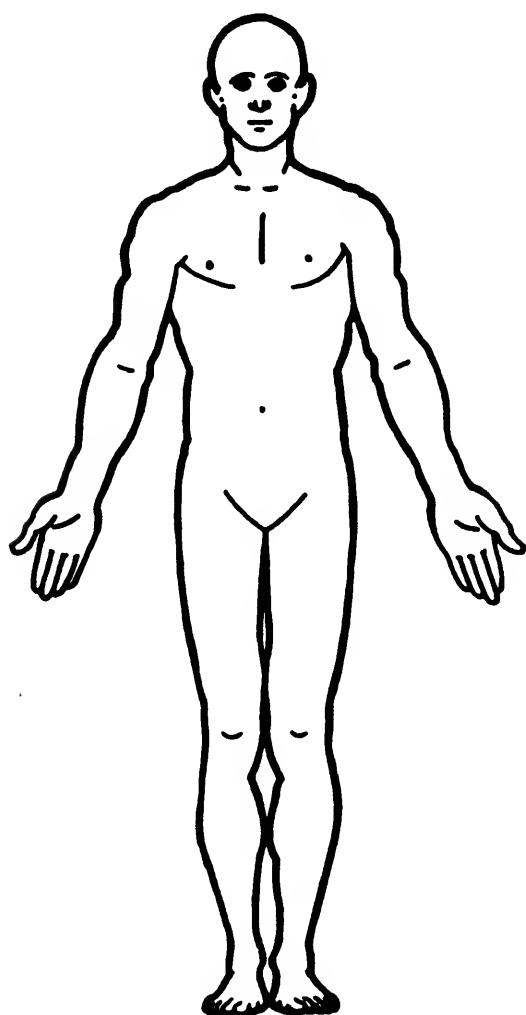
### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area		
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
1st	<u>5. 1</u>	<u>6. 2</u>	<u>7. 9</u>	<u>8. 44</u>	<u>9. 42</u>	<u>10. 1</u>	<u>11. 8</u>	<u>12. 45</u>	<u>13. 2</u>	<u>14. 1</u>	<u>15. 44</u>	<u>920</u>
2nd	<u>16. 7</u>	<u>17. 2</u>	<u>18. 9</u>	<u>19. 46</u>	<u>20. 44</u>	<u>21. 1</u>	<u>22. 8</u>	<u>23. 45</u>	<u>24. 2</u>	<u>25. 1</u>	<u>26. 44</u>	<u>873.43</u>
3rd	<u>27. 7</u>	<u>28. 8</u>	<u>29. 9</u>	<u>30. 44</u>	<u>31. 42</u>	<u>32. 1</u>	<u>33. 1</u>	<u>34. 49</u>	<u>35. 2</u>	<u>36. 1</u>	<u>37. 44</u>	<u>924.11</u>
4th	<u>38. </u>	<u>39. </u>	<u>40. </u>	<u>41. </u>	<u>42. </u>	<u>43. </u>	<u>44. </u>	<u>45. </u>	<u>46. </u>	<u>47. </u>	<u>48. </u>	
5th	<u>49. </u>	<u>50. </u>	<u>51. </u>	<u>52. </u>	<u>53. </u>	<u>54. </u>	<u>55. </u>	<u>56. </u>	<u>57. </u>	<u>58. </u>	<u>59. </u>	
6th	<u>60. </u>	<u>61. </u>	<u>62. </u>	<u>63. </u>	<u>64. </u>	<u>65. </u>	<u>66. </u>	<u>67. </u>	<u>68. </u>	<u>69. </u>	<u>70. </u>	
7th	<u>71. </u>	<u>72. </u>	<u>73. </u>	<u>74. </u>	<u>75. </u>	<u>76. </u>	<u>77. </u>	<u>78. </u>	<u>79. </u>	<u>80. </u>	<u>81. </u>	
8th	<u>82. </u>	<u>83. </u>	<u>84. </u>	<u>85. </u>	<u>86. </u>	<u>87. </u>	<u>88. </u>	<u>89. </u>	<u>90. </u>	<u>91. </u>	<u>92. </u>	
9th	<u>93. </u>	<u>94. </u>	<u>95. </u>	<u>96. </u>	<u>97. </u>	<u>98. </u>	<u>99. </u>	<u>100. </u>	<u>101. </u>	<u>102. </u>	<u>103. </u>	
10th	<u>104. </u>	<u>105. </u>	<u>106. </u>	<u>107. </u>	<u>108. </u>	<u>109. </u>	<u>110. </u>	<u>111. </u>	<u>112. </u>	<u>113. </u>	<u>114. </u>	

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



**OFFICIAL INJURY DATA – SKELETAL INJURIES**

Restrained?

 No Yes

Blood Alcohol Level (mg/dl)

BAL = \_\_\_\_\_

Glasgow Coma Scale Score

GCSS = \_\_\_\_\_

Units of Blood Given

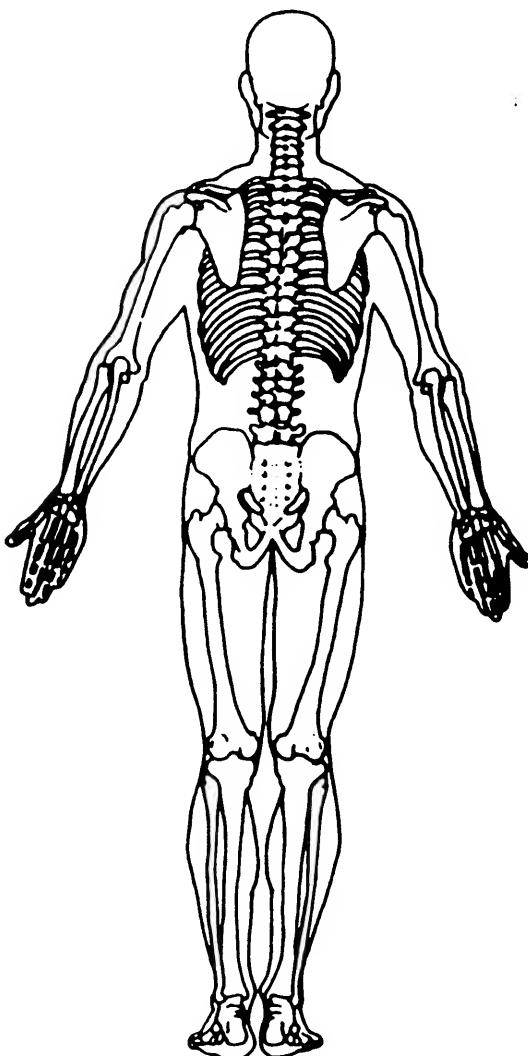
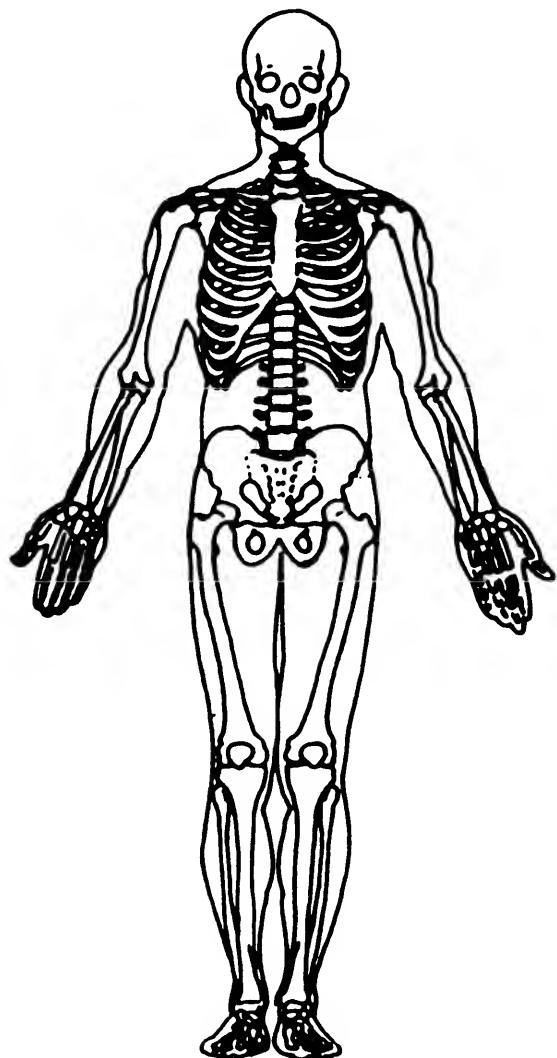
Units = \_\_\_\_\_

Arterial Blood Gases

pH = \_\_\_\_\_

PO<sub>2</sub> = \_\_\_\_\_PCO<sub>2</sub> = \_\_\_\_\_HCO<sub>3</sub> = \_\_\_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





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National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

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NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

### OCCUPANT'S SEATING

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum S P 2 2
3. Vehicle Number 41
4. Occupant Number 42

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 37  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 135  
Code actual height to the nearest centimeter.  
(999) Unknown  
  
53 inches X 2.54 = 135 centimeters
8. Occupant's Weight 423  
Code actual weight to the nearest kilogram.  
(999) Unknown  
  
451 pounds X .4536 = 203 kilograms
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

### 10. Occupant's Seat Position 21

#### Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): \_\_\_\_\_
- (15) On or in the lap of another occupant

#### Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): \_\_\_\_\_
- (25) On or in the lap of another occupant

#### Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): \_\_\_\_\_
- (35) On or in the lap of another occupant

#### Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): \_\_\_\_\_
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): \_\_\_\_\_
- (99) Unknown

### 11. Occupant's Posture 0

#### Normal posture

- (0) Normal posture
- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): \_\_\_\_\_

- (9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

(0) None available  
 (1) Belt removed/destroyed  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

(6) Shoulder belt (lap belt destroyed/removed)  
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 18. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed  
 (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

## 19. Proper Use of Manual (Active) Belts

(0) None used or not available  
 (1) Belt used properly  
 (2) Belt used properly with child safety seat

*Belt Used Improperly*

(3) Shoulder belt worn under arm  
 (4) Shoulder belt worn behind back or seat  
 (5) Belt worn around more than one person  
 (6) Lap belt worn on abdomen  
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 20. Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used  
 (1) No manual belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify): \_\_\_\_\_  
 (6) Broken retractor  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other manual belt failure (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_

4

## 21. Air Bag System Availability/Function

(0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_  
 (3) Air bag not reinstalled  
 (9) Unknown

4

## 22. Air Bag System Deployment

(0) Not equipped/not available  
 (1) Air bag deployed during accident (as a result of impact)  
 (2) Air bag deployed inadvertently just prior to accident  
 (3) Air bag deployed, accident sequence undetermined  
 (4) Nondeployed  
 (5) Unknown if deployed  
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (9) Unknown

4

## 23. Are There Indications of Air Bag System Failure?

(0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (9) Unknown

4

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

## 24. Police Reported Restraint Use

(0) None used  
 (1) Police did not indicate restraint use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Other or automatic restraint (specify): \_\_\_\_\_  
 (8) Restrained, type unknown  
 (9) Police indicated "unknown"

3

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

3

## 27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion  
(specify): \_\_\_\_\_  
\_\_\_\_\_

0

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## 26. Seat Type (this Occupant Position)

φ 1

(00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify):  
  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

## CHILD SAFETY SEAT

<p>28. Child Safety Seat Make/Model      <u>        </u></p> <p>(000) No child safety seat            Applicable codes are found in your NASS CDS Data Collection, Coding and Editing</p> <p>(950) Built-in child safety seat            (997) Other make/model (specify):            _____            (998) Unknown make/model            (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat      <u>        </u></p> <p>(0) No child safety seat            (1) Infant seat            (2) Toddler seat            (3) Convertible seat            (4) Booster seat            (7) Other type child safety seat (specify):            _____            (8) Unknown child safety seat type            (9) Unknown if child safety seat used</p> <p>30. Child Safety Seat Orientation      <u>        </u></p> <p>(00) No child safety seat  <i>Designed for Rear Facing for This Age/Weight</i>            (01) Rear facing            (02) Forward facing            (08) Other orientation (specify):            _____            (09) Unknown orientation    <i>Designed For Forward Facing for This Age/Weight</i>            (11) Rear facing            (12) Forward facing            (18) Other orientation (specify):            _____            (19) Unknown orientation    <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i>            (21) Rear facing            (22) Forward facing            (28) Other orientation (specify):            _____            (29) Unknown orientation              (99) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage      <u>        </u></p> <p>32. Child Safety Seat Shield Usage      <u>        </u></p> <p>33. Child Safety Seat Tether Usage      <u>        </u></p> <p>Note: Options below applicable to Variables OA31-OA33.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used            (02) After market harness/shield/tether used            (03) Child safety seat used, but no after market harness/shield/tether added            (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used            (12) Harness/shield/tether used            (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used            (22) Harness/shield/tether used            (29) Unknown if harness/shield/tether used              (99) Unknown if child safety seat used</p>
--	---

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	<u>2</u>
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment - Mortality	<u>3</u>
(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):  <i>Nonfatal</i> (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify):  (9) Unknown	
36. Type Of Medical Facility (for Initial Treatment)	<u>      </u>
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):  (9) Unknown	
37. Hospital Stay	<u>Φ /</u>
(00) Not Hospitalized _____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	
38. Working Days Lost	<u>97</u>
_____ Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
<b>STOP - GO TO VARIABLE 44 ON PAGE 7</b>	
<b>VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER</b>	
39. Time to Death	<u>Φ Φ</u>
_____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown -	
40. 1st Medically Reported Cause of Death	<u>Φ Φ</u>
41. 2nd Medically Reported Cause of Death	<u>Φ Φ</u>
42. 3rd Medically Reported Cause of Death	<u>Φ Φ</u>
_____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  (97) Other result (includes fatal ruled disease) (specify):  (99) Unknown	
43. Number of Recorded Injuries for This Occupant	<u>Φ 5</u>
_____ Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	

**AUTOMATIC BELT SYSTEM**

44. Automatic (Passive) Belt System Availability/4  
Function  
 (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*  
 (4) Automatic belts destroyed or rendered  
inoperative  
 (9) Unknown

45. Automatic (Passive) Belt System Use  
 (0) Not equipped/not available/destroyed or  
rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually  
disconnected, motorized track inoperative)  
(specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

46. Automatic (Passive) Belt System Type  
 (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

47. Proper Use of Automatic (Passive  
Belt System  
 (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with  
child safety seat

*Automatic Belt Used Improperly*  
 (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than  
one person  
 (6) Lap portion of automatic belt worn  
on abdomen  
 (7) Automatic lap and shoulder belt or  
automatic shoulder belt used improperly  
with child safety seat (specify):  
 (8) Other improper use of automatic belt system  
(specify):  
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes  
During Accident 4  
 (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown

**STOP - VARIABLES 50 THROUGH 52 ARE  
COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 9 7  
(at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
(specify units):  
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 9 7  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?

NO [ ] YES [ ]

UPDATE CANDIDATE?

NO [ ] YES [ ]



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O.M.B. No. 2127-0021

## OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number 41

2. Case Number - Stratum SP 22

4. Occupant Number 42

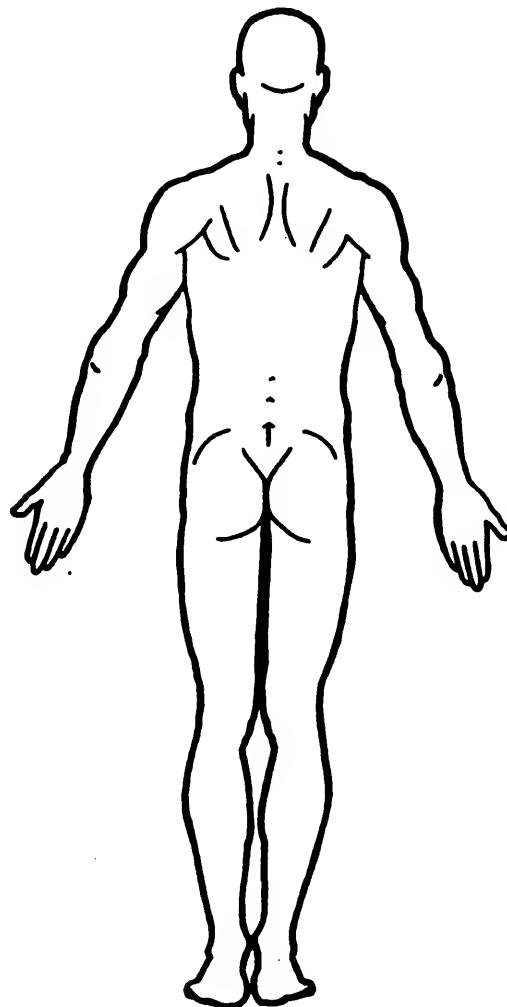
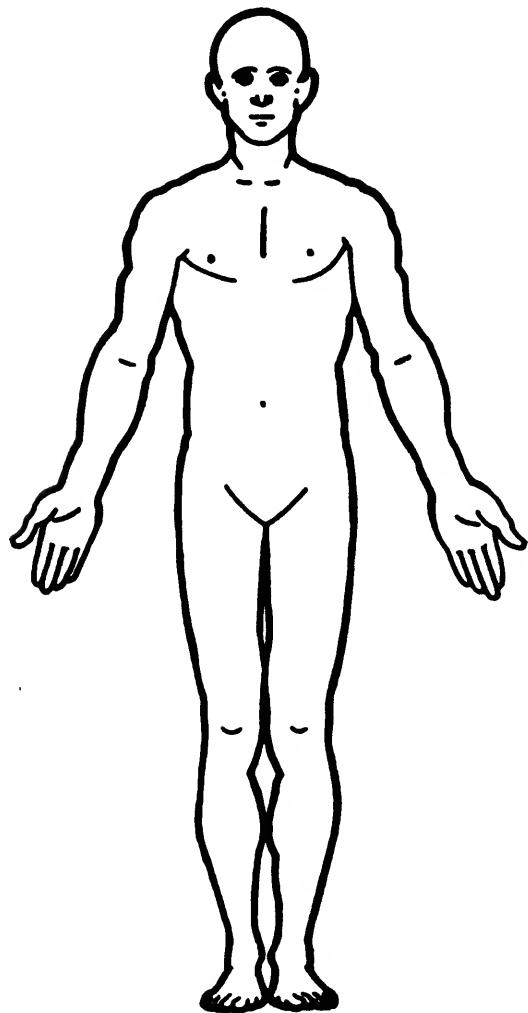
### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	O.I.C.-A.I.S			Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area				
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury					A.I.S. Severity	Aspect		
1st	5. <u>7</u>	6. <u>1</u>	7. <u>6</u>	8. <u>42</u>	9. <u>42</u>	10. <u>2</u>	11. <u>4</u>	12. <u>99</u>	13. <u>9</u>	14. <u>7</u>	15. <u>99</u>	<u>850.1</u>
2nd	16. <u>7</u>	17. <u>2</u>	18. <u>9</u>	19. <u>42</u>	20. <u>42</u>	21. <u>1</u>	22. <u>7</u>	23. <u>99</u>	24. <u>9</u>	25. <u>7</u>	26. <u>99</u>	<u>910</u>
3rd	27. <u>7</u>	28. <u>8</u>	29. <u>9</u>	30. <u>44</u>	31. <u>42</u>	32. <u>1</u>	33. <u>2</u>	34. <u>41</u>	35. <u>1</u>	36. <u>1</u>	37. <u>40</u>	<u>924.01</u>
4th	38. <u>7</u>	39. <u>8</u>	40. <u>9</u>	41. <u>44</u>	42. <u>42</u>	43. <u>1</u>	44. <u>1</u>	45. <u>41</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>	<u>924.01</u>
5th	49. <u>7</u>	50. <u>8</u>	51. <u>4</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>99</u>	57. <u>9</u>	58. <u>7</u>	59. <u>44</u>	<u>844.9</u>
6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>	
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>	
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>	
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>	
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>	

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



**OFFICIAL INJURY DATA – SKELETAL INJURIES**

Restrainted?

 No YesBlood Alcohol  
Level (mg/dl)

BAL = \_\_\_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_\_\_

Units of Blood  
Given

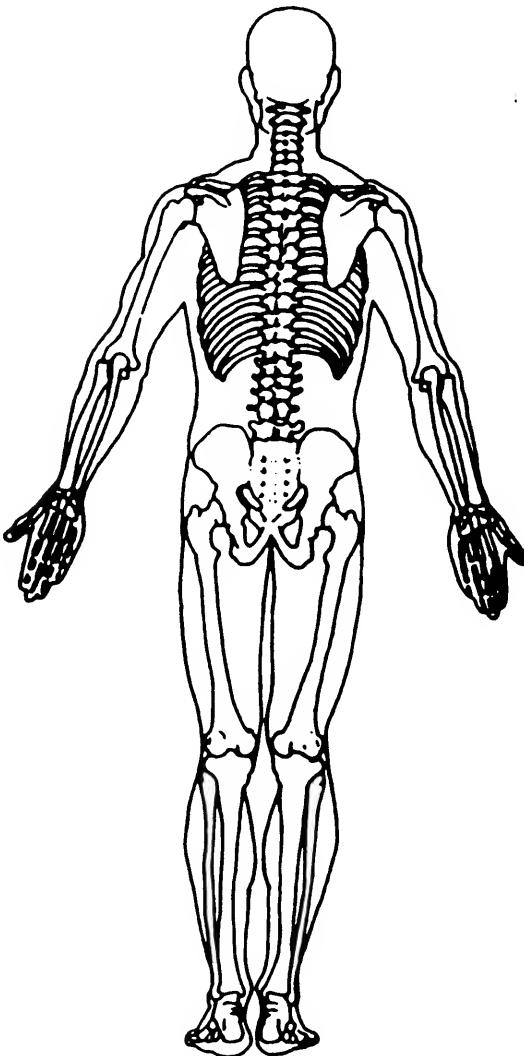
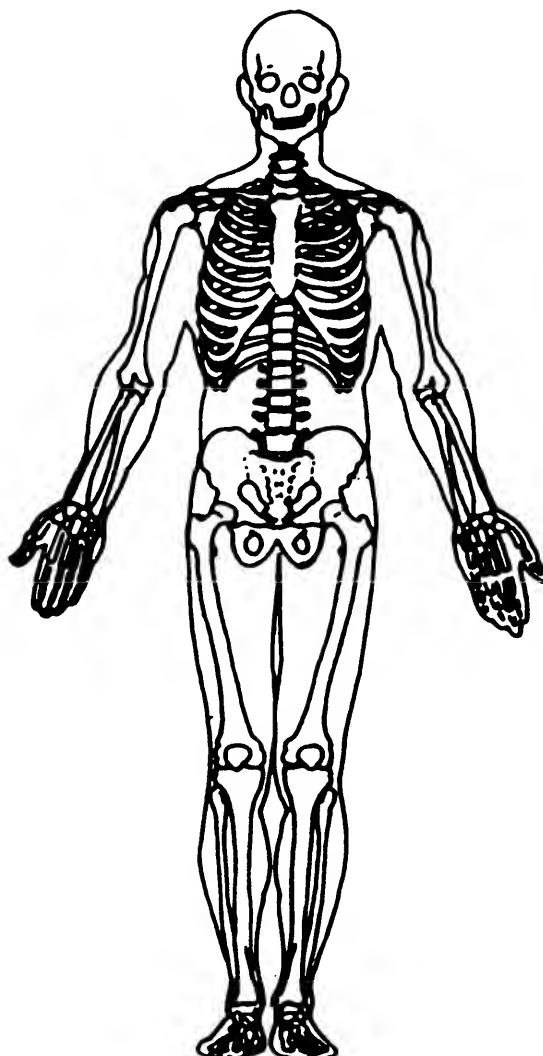
Units = \_\_\_\_\_

Arterial Blood  
Gases

pH = \_\_\_\_\_

PO<sub>2</sub> = \_\_\_\_\_PCO<sub>2</sub> = \_\_\_\_\_HCO<sub>3</sub> = \_\_\_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

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Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

### OCCUPANT'S SEATING

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum 59 22
3. Vehicle Number Φ 1
4. Occupant Number Φ 3

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 44  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 999  
Code actual height to the nearest centimeter.  
(999) Unknown  
  
\_\_\_\_ inches X 2.54 = \_\_\_\_ centimeters
8. Occupant's Weight 417  
Code actual weight to the nearest kilogram.  
(999) Unknown  
  
437 pounds X .4536 = 417 kilograms
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

10. Occupant's Seat Position 23  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant

*Second Seat*

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): \_\_\_\_\_
- (25) On or in the lap of another occupant

*Third Seat*

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): \_\_\_\_\_
- (35) On or in the lap of another occupant

*Fourth Seat*

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): \_\_\_\_\_
- (45) On or in the lap of another occupant
- (97) In or on unenclosed area
- (98) Other seat (specify): \_\_\_\_\_
- (99) Unknown

11. Occupant's Posture Φ  
(0) Normal posture

*Abnormal posture*

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): \_\_\_\_\_
- (9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

4

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

4

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

4

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

4

## RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available  (1) Belt removed/destroyed  (2) Shoulder belt  (3) Lap belt  (4) Lap and shoulder belt  (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i>  (6) Shoulder belt (lap belt destroyed/removed)  (7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____  (9) Unknown _____</p>	<p>21. Air Bag System Availability/Function <u>4</u></p> <p>(0) Not equipped/not available  (1) Air bag</p> <p><i>Non-functional</i>  (2) Air bag disconnected (specify): _____  (3) Air bag not reinstalled  (9) Unknown</p>
<p>18. Manual (Active) Belt System Use <u>1 4</u></p> <p>(00) None used, not available, or belt removed/destroyed  (01) Inoperative (specify): _____  (02) Shoulder belt  (03) Lap belt  (04) Lap and shoulder belt  (05) Belt used—type unknown  (08) Other belt used (specify):  (12) Shoulder belt used with child safety seat  (13) Lap belt used with child safety seat  (14) Lap and shoulder belt used with child safety seat  (15) Belt used with child safety seat—type unknown  (18) Other belt used with child safety seat (specify):  (99) Unknown if belt used</p>	<p>22. Air Bag System Deployment <u>4</u></p> <p>(0) Not equipped/not available  (1) Air bag deployed during accident (as a result of impact)  (2) Air bag deployed inadvertently just prior to accident  (3) Air bag deployed, accident sequence undetermined  (4) Nondeployed  (5) Unknown if deployed  (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  (9) Unknown</p>
<p>19. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available  (1) Belt used properly  (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i>  (3) Shoulder belt worn under arm  (4) Shoulder belt worn behind back or seat  (5) Belt worn around more than one person  (6) Lap belt worn on abdomen  (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):  (8) Other improper use of manual belt system (specify):  (9) Unknown</p>	<p>23. Are There Indications of Air Bag System Failure? <u>4</u></p> <p>(0) Not equipped/not available  (1) No  (2) Yes (specify): _____  (9) Unknown</p> <p>Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts</p>
<p>20. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used  (1) No manual belt failure(s)  (2) Torn webbing (stretched webbing not included)  (3) Broken buckle or latchplate  (4) Upper anchorage separated  (5) Other anchorage separated (specify):  (6) Broken retractor  (7) Combination of above (specify):  (8) Other manual belt failure (specify):  (9) Unknown</p>	<p>24. Police Reported Restraint Use <u>3</u></p> <p>(0) None used  (1) Police did not indicate restraint use  (2) Shoulder belt  (3) Lap belt  (4) Lap and shoulder belt  (5) Belt used, type not specified  (6) Child safety seat  (7) Other or automatic restraint (specify):  (8) Restrained, type unknown  (9) Police indicated "unknown"</p>

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

3

## 27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion  
(specify): \_\_\_\_\_

1

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## 26. Seat Type (this Occupant Position)

(00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify):  
  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

41

CHILD SAFETY SEAT		
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used	2 2 6	31. Child Safety Seat Harness Usage <u>1 9</u>
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used	<u>2</u>	32. Child Safety Seat Shield Usage <u>1 7</u>  33. Child Safety Seat Tether Usage <u>1 9</u>  Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat  <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used  <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used  <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used  (99) Unknown if child safety seat used
30. Child Safety Seat Orientation (00) No child safety seat  <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation  <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation  <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation  (99) Unknown if child safety seat used	<u>1 2</u>	

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	2
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment - Mortality	4
(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):  <i>Nonfatal</i> (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify):  (9) Unknown	
36. Type Of Medical Facility (for Initial Treatment)	1
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):  (9) Unknown	
37. Hospital Stay	44
(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	
38. Working Days Lost	97
(up through 60) that the occupant lost from work due to the accident	
(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
<b>STOP - GO TO VARIABLE 44 ON PAGE 7</b>	
<b>VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER</b>	
39. Time to Death	44
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)	
(00) Not fatal (96) Fatal - ruled disease (99) Unknown	
40. 1st Medically Reported Cause of Death	44
41. 2nd Medically Reported Cause of Death	44
42. 3rd Medically Reported Cause of Death	44
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death	
(00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  (97) Other result (includes fatal ruled disease) (specify):  (99) Unknown	
43. Number of Recorded Injuries for This Occupant	41
Code the actual number of injuries recorded for this occupant.	
(00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/****Function**

(0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

***Non-functional***

(4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

(0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

(0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive Belt System)**

(0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

***Automatic Belt Used Improperly***

(3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

(0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):

(9) Unknown

**49. Seat Orientation (this Occupant Position)**

(0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):

(9) Unknown

**STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER****TRAUMA DATA****50. Glasgow Coma Scale (GCS) Score**

(at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

**51. Was the Occupant Given Blood?**

(1) No - blood not given  
 (2) Yes - blood given (specify units):  
 (9) Unknown if blood given

**52. Arterial Blood Gases (ABG) - HCO<sub>3</sub>**

(00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?**

NO [X] YES [ ]

**UPDATE CANDIDATE?**

NO [X] YES [ ]



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

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Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	_____	3. Vehicle Number	_____
2. Case Number - Stratum	<u>S P</u> <u>22</u>	4. Occupant Number	<u>41</u> <u>43</u>

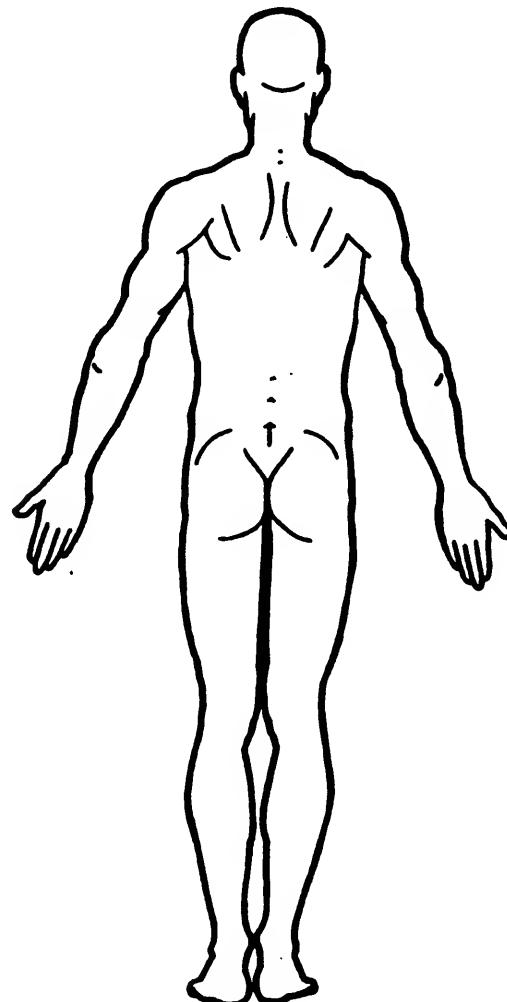
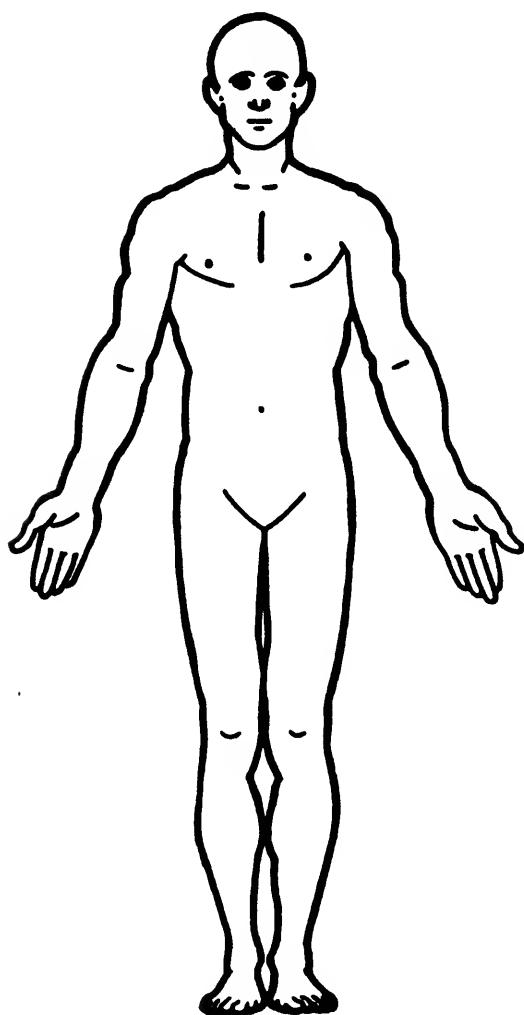
### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	O.I.C.-A.I.S			Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number				
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury					A.I.S. Severity	Aspect		
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>44</u>	9. <u>42</u>	10. <u>1</u>	11. <u>2</u>	12. <u>99</u>	13. <u>9</u>	14. <u>7</u>	15. <u>44</u>	<u>920</u>
2nd	16. _____	17. _____	18. _____	19. _____	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____	26. _____	
3rd	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	35. _____	36. _____	37. _____	
4th	38. _____	39. _____	40. _____	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____	47. _____	48. _____	
5th	49. _____	50. _____	51. _____	52. _____	53. _____	54. _____	55. _____	56. _____	57. _____	58. _____	59. _____	
6th	60. _____	61. _____	62. _____	63. _____	64. _____	65. _____	66. _____	67. _____	68. _____	69. _____	70. _____	
7th	71. _____	72. _____	73. _____	74. _____	75. _____	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____	
8th	82. _____	83. _____	84. _____	85. _____	86. _____	87. _____	88. _____	89. _____	90. _____	91. _____	92. _____	
9th	93. _____	94. _____	95. _____	96. _____	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____	103. _____	
10th	104. _____	105. _____	106. _____	107. _____	108. _____	109. _____	110. _____	111. _____	112. _____	113. _____	114. _____	

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



**OFFICIAL INJURY DATA – SKELETAL INJURIES**

Restrained?

 No Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = \_\_\_\_\_

Glasgow Coma Scale Score

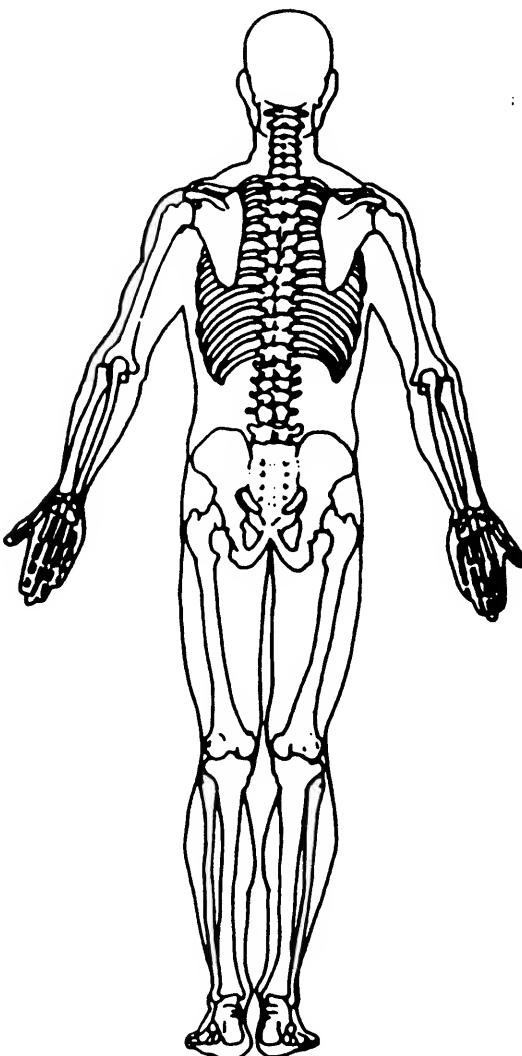
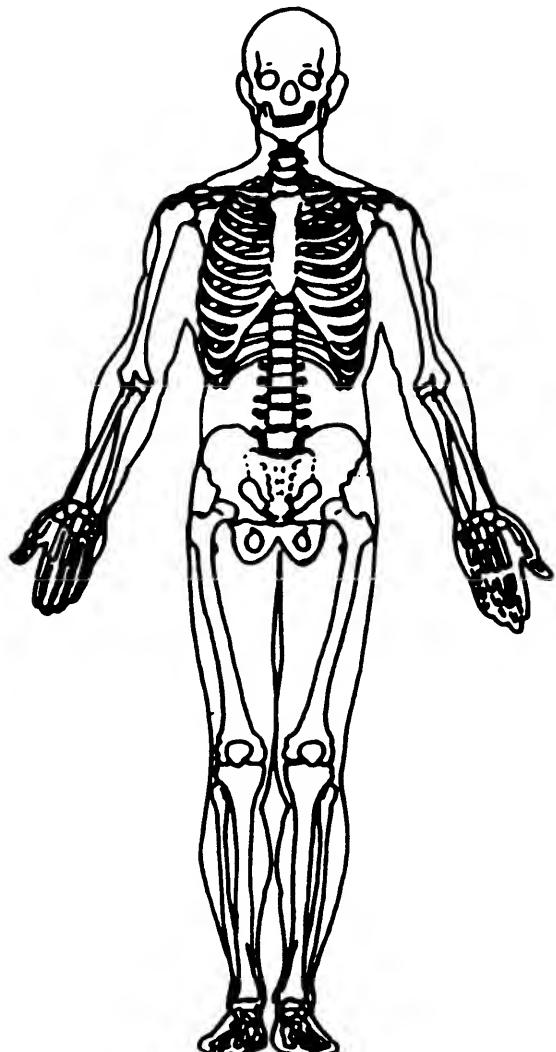
GCSS = \_\_\_\_\_

Units of Blood Given

Units = \_\_\_\_\_

Arterial Blood Gases

pH = \_\_\_\_\_

PO<sub>2</sub> = \_\_\_\_\_PCO<sub>2</sub> = \_\_\_\_\_HCO<sub>3</sub> = \_\_\_\_\_



## GENERAL VEHICLE FORM

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NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum S P 2 2
3. Vehicle Number 4 2

### VEHICLE IDENTIFICATION

4. Vehicle Model Year 84  
Code the last two digits of the model year  
(99) Unknown

5. Vehicle Make (specify): MERCEDES-BENZ 4 2  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown

6. Vehicle Model (specify): 300D Φ 3 1  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown

7. Body Type Φ 9  
Note: Applicable codes may be found on  
the back of this page.

### VEHICLE IDENTIFICATION NUMBER

- 99 9 9 9 9 9 9 9 9 [REDACTED]  
Left justify; Slash zeros and letter Z (0 and Z)  
No VIN—Code all zeros .  
Unknown—Code all nine's

### OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

10. Police Reported Travel Speed 9 9 9  
Code to the nearest kph (NOTE: 000 means  
less than 0.5 kph)  
(160) 159.5 kph and above  
(999) Unknown  
       mph X 1.6093 =        kph

11. Police Reported Alcohol Presence Φ  
(0) No alcohol present  
(1) Yes (alcohol present)  
(7) Not reported  
(8) No driver present  
(9) Unknown

Note: See variables 37 through 55  
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 9 6  
Code actual value (decimal implied  
before first digit—0.xx)  
(95) Test refused  
(96) None given  
(97) AC test performed, results unknown  
(98) No driver present  
(99) Unknown

Source: PAR

### ACCIDENT RELATED

13. Speed Limit Φ 8 9  
(000) No statutory limit  
Code posted or statutory speed limit  
in kph  
(999) Unknown

$$\underline{55} \text{ mph} \times 1.6093 = \underline{\Phi 8 9} \text{ kph}$$

14. Attempted Avoidance Maneuver Φ 9  
(00) No impact  
(01) No avoidance actions  
(02) Braking (no lockup)  
(03) Braking (lockup)  
(04) Braking (lockup unknown)  
(05) Releasing brakes  
(06) Steering left  
(07) Steering right  
(08) Braking and steering left  
(09) Braking and steering right  
(10) Accelerating  
(11) Accelerating and steering left  
(12) Accelerating and steering right  
(97) No driver present  
(98) Other action (specify):  
(99) Unknown

15. Accident Type Φ 8  
Applicable codes may be found on the  
back of page two of this field form  
(00) No impact  
Code the number of the diagram that  
best describes the accident circumstance  
(98) Other accident type (specify):  
(99) Unknown

\*\*\*\*\* SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 \*\*\*\*\*

<b>OCCUPANT RELATED</b>		4
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1	24. Rollover (0) No rollover (no overturning)  <i>Rollover (primarily about the longitudinal axis)</i> (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):  _____  (5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	41	
18. Number of Occupant Forms Submitted	41	
<b>VEHICLE WEIGHT ITEMS</b>		
19. Vehicle Curb Weight _____ Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown	1,590	25. Front Override/Underride (this Vehicle)  26. Rear Override/Underride (this Vehicle)  (0) No override/underride, or not an end-to-end impact
_____ 3,437 lbs X .4536 = 1,585 kgs Source: _____		 <i>Override (see specific CDC)</i> (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):  _____  <i>Underride (see specific CDC)</i> (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):  _____  (7) Medium/heavy truck or bus override (9) Unknown
20. Vehicle Cargo Weight _____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown	9,990	
_____ lbs X .4536 = _____ kgs		
<b>RECONSTRUCTION DATA</b>		
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	0	
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	4	
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted < 45 degrees (4) Tilted ≥ 45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):  (9) Unknown	4	
		<b>HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V</b>
		Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
		27. Heading Angle For This Vehicle      185
		28. Heading Angle For Other Vehicle      494

<b>29. Basis for Total Delta V (highest)</b>		<i>3</i>	<b>Secondary      Highest</b>
<i>Delta V Calculated</i>			
(1) CRASH program—damage only routine			
(2) CRASH program—damage and trajectory routine			
(3) Missing vehicle algorithm			
<i>Delta V Not Calculated</i>			
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.			
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.			
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.			
<b>COMPUTER GENERATED DELTA V</b>			
		<b>Secondary      Highest</b>	
<b>30. Total Delta V</b>		<i>∅ 3 5</i>	
<i>35. <sup>1/2</sup> Nearest kph</i>			
(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown			
<b>31. Longitudinal Component of Delta V</b>		<i>+ ∅ 3 5</i>	
<i>35. <sup>1/2</sup> Nearest kph</i>			
(NOTE: 000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (999) Unknown			
<b>32. Lateral Component of Delta V</b>		<i>∅ 4 4 3</i>	
<i>3. <sup>1/2</sup> Nearest kph</i>			
(NOTE: 000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (999) Unknown			
<b>33. Energy Absorption</b>		<i>1 2 7 , 7 0 0</i>	
<i>12 7 7 0 . 4</i>			
(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown			
<b>34. Confidence In Reconstruction Program Results (For Highest Delta V)</b>		<i>4</i>	
(0) No reconstruction			
(1) Collision fits model — results appear reasonable			
(2) Collision fits model — results appear high			
(3) Collision fits model — results appear low			
(4) Borderline reconstruction — results appear reasonable			
<b>35. Type of Vehicle Inspection</b>		<i>∅</i>	
(0) No inspection			
(1) Complete inspection			
(2) Partial inspection (specify): _____			
<b>36. Is this an AOPS Vehicle?</b>		<i>∅</i>	
(0) No			
(1) Yes - researcher determined			
(2) VIN determined air bag system			
(3) VIN determined automatic (passive) belts			
(4) VIN determined air bag and automatic (passive) belts			

IS OLDMISS APPLICABLE FOR THIS VEHICLE?  YES  NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED?  YES  NO

37. Police Reported Other Drug Presence  
 (0) No other drugs present  
 (1) Yes (other drug present)  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

38. Police Reported Drug Evaluation Classification 4  
 (DEC) Test For Driver  
 (0) No DEC process available or given  
 (1) DEC process given, results known  
 (2) DEC process given, results unknown  
 (3) DEC process available, unknown if given  
 (8) No driver present

39. Other Drug Specimen Test Type For Driver 4  
 (0) No specimen test given  
 (1) Blood test  
 (2) Urine test  
 (3) Other specimen tests (specify):  
 \_\_\_\_\_  
 (7) Unspecified specimen test  
 (8) No driver present  
 (9) Unknown if specimen test given

### DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>q</u>	41. <u>q</u>
Depressant Drug	42. <u>q</u>	43. <u>q</u>
Stimulant Drug	44. <u>q</u>	45. <u>q</u>
Hallucinogen Drug	46. <u>q</u>	47. <u>q</u>
Cannabinoid Drug	48. <u>q</u>	49. <u>q</u>
Phencyclidine (PCP)	50. <u>q</u>	51. <u>q</u>
Inhalant Drug	52. <u>q</u>	53. <u>q</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>q</u>	55. <u>q</u>

#### Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

#### Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

<b>OTHER DATA</b>	
<b>56. Driver's Zip Code</b>	<u>7</u>
(00000) Driver not present (00001) Driver not a resident of U.S. or territories _____ (99999) Unknown	
<b>57. Driver's Race/Ethnic Origin</b>	<u>9</u>
(0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):  (9) Unknown	
<b>58. Vehicle Special Use (This Trip)</b>	<u>4</u>
(0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): (9) Unknown	
<b>ROLLOVER DATA</b>	
<p>If GVO7 (Body Type) ≠ 1-49, leave GV59-GV63 blank.          If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.          If GV24 = 9, then GV59-GV63 must equal 9.</p>	
<b>59. Rollover Initiation Type</b>	<u>4</u>
(0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type (specify):  (9) Unknown rollover initiation type	
<b>60. Location of Rollover Initiation</b>	<u>4</u>
(0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown	
<b>61. Rollover Initiation Object Contacted</b>	
<u>4 4</u>	
<b>62. Location on Vehicle Where Initial Principal Tripping Force Is Applied</b>	
<u>4</u>	
(0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify):  (8) Non-contact rollover forces (specify):  (9) Unknown	
<b>63. Direction of Initial Roll</b>	
<u>9</u>	
(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis  (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction	
<b>PRECRASH DATA</b>	
<b>64. Pre-Event Movement (Prior to Recognition of Critical Event)</b>	
<u>4 1</u>	
(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):  (98) No driver present (99) Unknown	

## PRECRASH DATA (Continued)

65. Critical Precrash Event 60*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_
- (99) Unknown

For Corrective Actions Attempted see variable GV14  
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver /

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) /

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), \*\*\*  
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

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Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

### OCCUPANT'S SEATING

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum S P Z Z
3. Vehicle Number Φ Z
4. Occupant Number Φ 1

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 46  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown

6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown

7. Occupant's Height 1 5 7  
Code actual height to the nearest centimeter.  
(999) Unknown

$$62 \text{ inches} \times 2.54 = 157 \text{ centimeters}$$

8. Occupant's Weight Φ 6 1  
Code actual weight to the nearest kilogram.  
(999) Unknown

$$135 \text{ pounds} \times .4536 = 60.1 \text{ kilograms}$$

9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

10. Occupant's Seat Position 1 1

*Front Seat*

(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant

*Second Seat*

(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant

*Third Seat*

(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant

(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

11. Occupant's Posture 9  
(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

4

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

4

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

4

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

4

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_  
(5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_  
(9) Unknown

4

## RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability <u>9</u></p> <p>(0) None available        (1) Belt removed/destroyed        (2) Shoulder belt        (3) Lap belt        (4) Lap and shoulder belt        (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i>        (6) Shoulder belt (lap belt destroyed/removed)        (7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____        (9) Unknown _____</p>	<p>21. Air Bag System Availability/Function <u>Φ</u></p> <p>(0) Not equipped/not available        (1) Air bag</p> <p><i>Non-functional</i>        (2) Air bag disconnected (specify): _____        (3) Air bag not reinstalled        (9) Unknown</p>
<p>18. Manual (Active) Belt System Use <u>99</u></p> <p>(00) None used, not available, or belt removed/destroyed        (01) Inoperative (specify): _____        (02) Shoulder belt        (03) Lap belt        (04) Lap and shoulder belt        (05) Belt used—type unknown        (08) Other belt used (specify):        (12) Shoulder belt used with child safety seat        (13) Lap belt used with child safety seat        (14) Lap and shoulder belt used with child safety seat        (15) Belt used with child safety seat—type unknown        (18) Other belt used with child safety seat (specify):        (99) Unknown if belt used</p>	<p>22. Air Bag System Deployment <u>Φ</u></p> <p>(0) Not equipped/not available        (1) Air bag deployed during accident (as a result of impact)        (2) Air bag deployed inadvertently just prior to accident        (3) Air bag deployed, accident sequence undetermined        (4) Nondeployed        (5) Unknown if deployed        (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)        (9) Unknown</p>
<p>19. Proper Use of Manual (Active) Belts <u>9</u></p> <p>(0) None used or not available        (1) Belt used properly        (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i>        (3) Shoulder belt worn under arm        (4) Shoulder belt worn behind back or seat        (5) Belt worn around more than one person        (6) Lap belt worn on abdomen        (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):        (8) Other improper use of manual belt system (specify):        (9) Unknown _____</p>	<p>23. Are There Indications of Air Bag System Failure? <u>Φ</u></p> <p>(0) Not equipped/not available        (1) No        (2) Yes (specify): _____        (9) Unknown</p>
<p>20. Manual (Active) Belt Failure Modes During Accident <u>9</u></p> <p>(0) No manual belt used        (1) No manual belt failure(s)        (2) Torn webbing (stretched webbing not included)        (3) Broken buckle or latchplate        (4) Upper anchorage separated        (5) Other anchorage separated (specify):        (6) Broken retractor        (7) Combination of above (specify):        (8) Other manual belt failure (specify):        (9) Unknown</p>	<p>24. Police Reported Restraint Use <u>2</u></p> <p>(0) None used        (1) Police did not indicate restraint use        (2) Shoulder belt        (3) Lap belt        (4) Lap and shoulder belt        (5) Belt used, type not specified        (6) Child safety seat        (7) Other or automatic restraint (specify):        (8) Restrained, type unknown        (9) Police indicated "unknown"</p>

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

9

## 27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion  
(specify): \_\_\_\_\_  
\_\_\_\_\_

9

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## 26. Seat Type (this Occupant Position)

99

(00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify):  
\_\_\_\_\_  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

CHILD SAFETY SEAT		
<p>28. Child Safety Seat Make/Model      <u>Ø Ø Ø</u></p> <p>(000) No child safety seat            Applicable codes are found in your NASS CDS Data Collection, Coding and Editing            (950) Built-in child safety seat            (997) Other make/model (specify):            _____            (998) Unknown make/model            (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat      <u>Ø</u></p> <p>(0) No child safety seat            (1) Infant seat            (2) Toddler seat            (3) Convertible seat            (4) Booster seat            (7) Other type child safety seat (specify):            _____            (8) Unknown child safety seat type            (9) Unknown if child safety seat used</p> <p>30. Child Safety Seat Orientation      <u>Ø Ø</u></p> <p><i>Designed for Rear Facing for This Age/Weight</i>            (01) Rear facing            (02) Forward facing            (08) Other orientation (specify):            _____            (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i>            (11) Rear facing            (12) Forward facing            (18) Other orientation (specify):            _____            (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i>            (21) Rear facing            (22) Forward facing            (28) Other orientation (specify):            _____            (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage      <u>Ø Ø</u></p> <p>32. Child Safety Seat Shield Usage      <u>Ø Ø</u></p> <p>33. Child Safety Seat Tether Usage      <u>Ø Ø</u></p> <p>Note: Options below applicable to Variables OA31-OA33.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used            (02) After market harness/shield/tether used            (03) Child safety seat used, but no after market harness/shield/tether added            (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used            (12) Harness/shield/tether used            (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used            (22) Harness/shield/tether used            (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	<u>2</u>
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment - Mortality	<u>9</u>
(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):  <i>Nonfatal</i> (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify):  (9) Unknown	
36. Type Of Medical Facility (for Initial Treatment)	<u>9</u>
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):  (9) Unknown	
37. Hospital Stay	<u>99</u>
(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	
38. Working Days Lost	<u>99</u>
(up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
<b>STOP - GO TO VARIABLE 44 ON PAGE 7</b>	
<b>VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER</b>	
39. Time to Death	<u>44</u>
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	
40. 1st Medically Reported Cause of Death	<u>44</u>
41. 2nd Medically Reported Cause of Death	<u>44</u>
42. 3rd Medically Reported Cause of Death	<u>44</u>
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  (97) Other result (includes fatal ruled disease) (specify):  (99) Unknown	
43. Number of Recorded Injuries for This Occupant	<u>01</u>
Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	

**AUTOMATIC BELT SYSTEM**

**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive Belt System)**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA****50. Glasgow Coma Scale (GCS) Score**

(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

**51. Was the Occupant Given Blood?**

- (1) No - blood not given
- (2) Yes - blood given  
(specify units): \_\_\_\_\_
- (9) Unknown if blood given

**52. Arterial Blood Gases (ABG) - HCO<sub>3</sub>**

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO<sub>3</sub>
- (96) ABGs reported, HCO<sub>3</sub> unknown
- (97) Injured, details unknown
- (99) Unknown if injured

**ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?**

NO [✓] YES [ ]

**UPDATE CANDIDATE?**

NO [✓] YES [ ]



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NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number \_\_\_\_\_  
2. Case Number - Stratum SP 22

3. Vehicle Number 42

4. Occupant Number 41

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

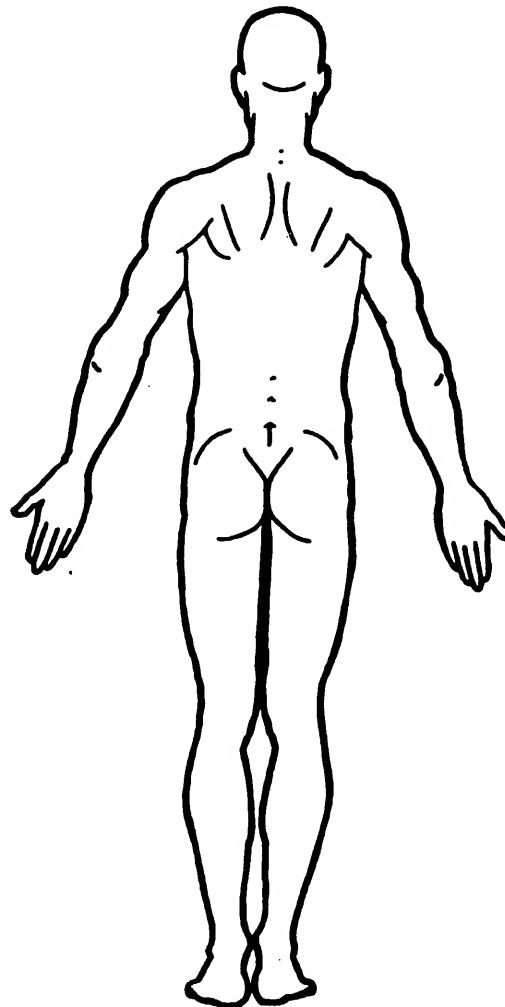
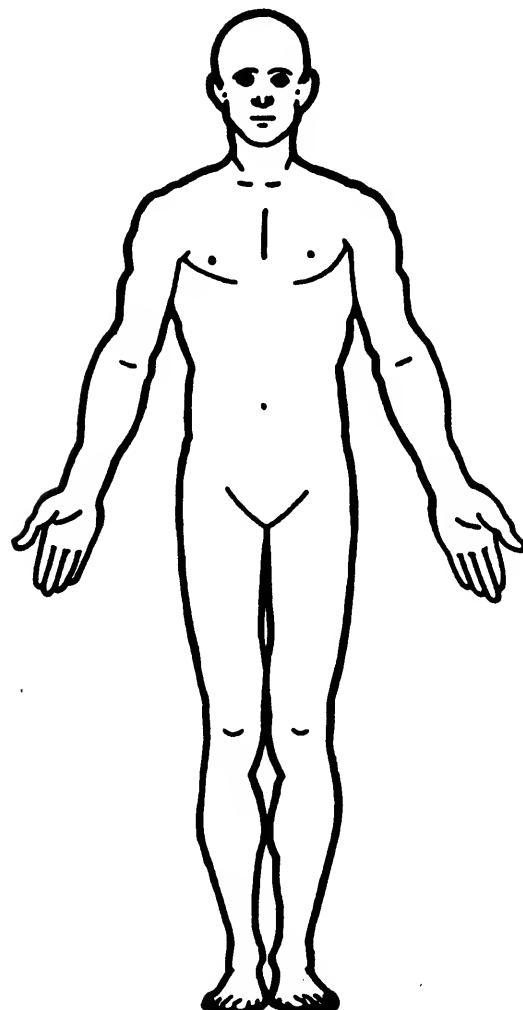
Source of Injury Data	O.I.C.-A.I.S						Injury Source	Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>9</u>	6. <u>2</u>	7. <u>9</u>	8. <u>46</u>	9. <u>44</u>	10. <u>1</u>	11. <u>7</u>	12. <u>97</u>	13. <u>9</u>	14. <u>7</u>	15. <u>99</u>
2nd	16. <u>  </u>	17. <u>  </u>	18. <u>  </u>	19. <u>  </u>	20. <u>  </u>	21. <u>  </u>	22. <u>  </u>	23. <u>  </u>	24. <u>  </u>	25. <u>  </u>	26. <u>  </u>
3rd	27. <u>  </u>	28. <u>  </u>	29. <u>  </u>	30. <u>  </u>	31. <u>  </u>	32. <u>  </u>	33. <u>  </u>	34. <u>  </u>	35. <u>  </u>	36. <u>  </u>	37. <u>  </u>
4th	38. <u>  </u>	39. <u>  </u>	40. <u>  </u>	41. <u>  </u>	42. <u>  </u>	43. <u>  </u>	44. <u>  </u>	45. <u>  </u>	46. <u>  </u>	47. <u>  </u>	48. <u>  </u>
5th	49. <u>  </u>	50. <u>  </u>	51. <u>  </u>	52. <u>  </u>	53. <u>  </u>	54. <u>  </u>	55. <u>  </u>	56. <u>  </u>	57. <u>  </u>	58. <u>  </u>	59. <u>  </u>
6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

ICD-9

873.52

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



**OFFICIAL INJURY DATA – SKELETAL INJURIES**

Restrainted?

No  
 Yes

Blood Alcohol Level (mg/dl)

BAL = \_\_\_\_\_

Glasgow Coma Scale Score

GCSS = \_\_\_\_\_

Units of Blood Given

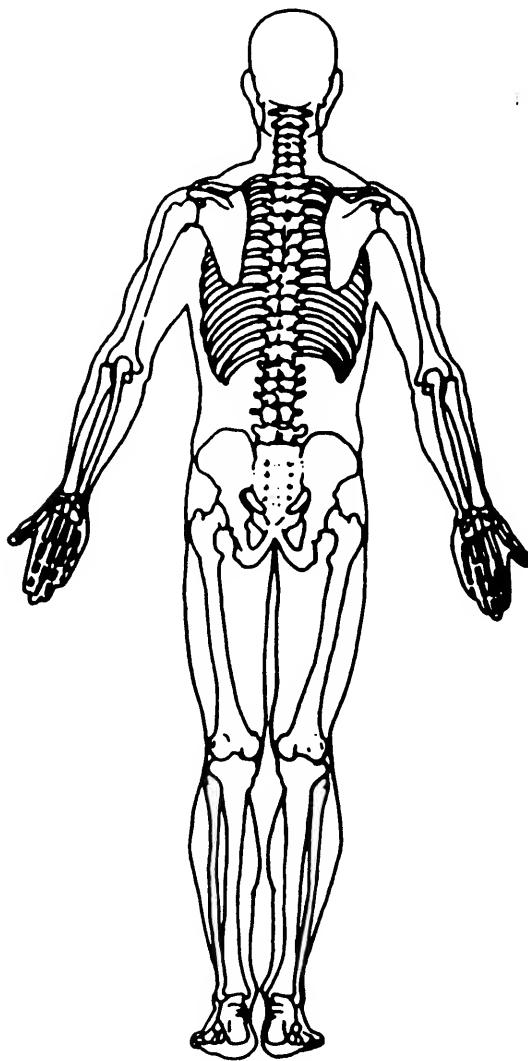
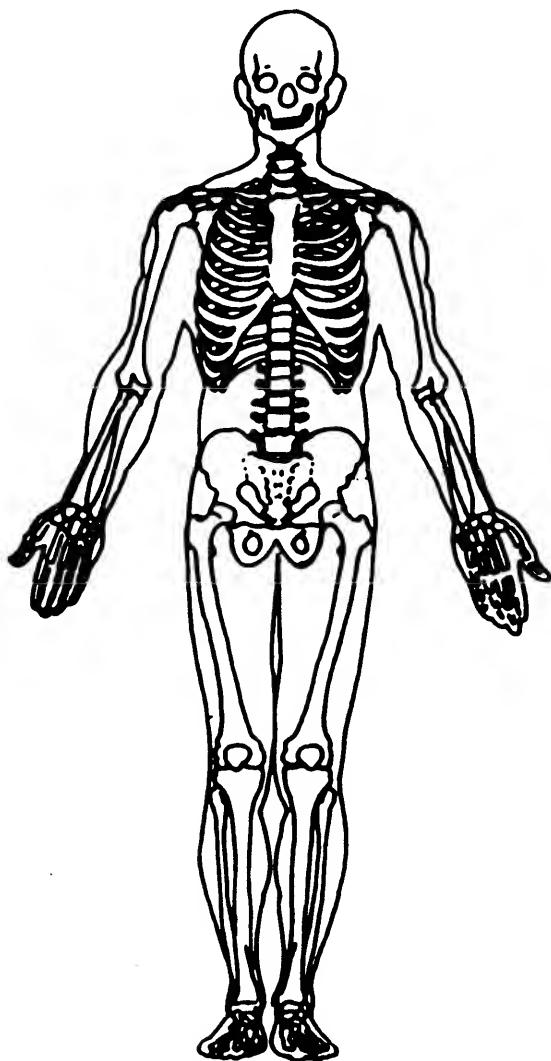
Units = \_\_\_\_\_

Arterial Blood Gases

pH = \_\_\_\_\_

PO<sub>2</sub> = \_\_\_\_\_PCO<sub>2</sub> = \_\_\_\_\_HCO<sub>3</sub> = \_\_\_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OLDMISS PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

### Identifying Title

Primary Sampling Unit

Case No.-Stratum

Accident Event Sequence No.

Date (Month, day, year) of Run

9 4

### OLDMISS Vehicle Identification

Vehicle 1

1993

PLYMOUTH

VOYAGER

1

Vehicle 2

1984

MERCEDES-BENZ

300 D

2

Year

Make

Model

NASS  
Veh. No.

### GENERAL INFORMATION

#### VEHICLE 1

#### VEHICLE 2

Size

Size

Weight(3652) (258)  
1657 + 117 + \_\_\_\_\_ = 1 7 7 4 kg

Weight(3487) (135)  
1585 + 61 + \_\_\_\_\_ = 1 6 4 6 kg

Damaged Area of Vehicle

Damaged Area of Vehicle

(F = Front, L = Left, R = Right, B = Back)

L  
Vehicle 1

(F = Front, L = Left, R = Right, B = Back)

F  
Vehicle 2

Vehicle Heading Angles At Impact, in Degrees

Vehicle Heading Angles At Impact, in Degrees

+ 2 7 4 °  
Vehicle 1

+ 4 4 5 °  
Vehicle 2

Stiffness Category for Vehicle

Stiffness Category for Vehicle

7  
Vehicle 1

3  
Vehicle 2

### DAMAGE INFORMATION

For Which Vehicle Is  
The Damage Known

Crush Measurements

(Φ) C<sub>1</sub> 4 4 4 cm

(7.5) C<sub>2</sub> 4 1 9 cm

(15.25) C<sub>3</sub> 4 3 9 cm

(13.25) C<sub>4</sub> 4 3 4 cm

(6.4) C<sub>5</sub> 4 1 5 cm

(4) C<sub>6</sub> 4 4 4 cm

PDOF for Known Vehicle  
in Degrees (-180 to +180)

0 8 4 °

Damage Midpoint Offset

(-36.7) D ± 4 9 3 cm

Damage Length (L)  
for Known Vehicle

(134) 3 4 4 cm

Estimated Damage Midpoint  
Offset for Unknown Vehicle

SUMMARY OF OLDMISPC RESULTS

CASE NO. DSI-93-SP-22 -- IMPACT NO. 1 -- FRONT TO SIDE

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	20.24 ( 32.57)	-3.51 ( -5.66)	19.94 ( 32.08)	280.00
VEH #2 (ESTIMATED)	21.85 ( 35.16)	-21.77 (-35.03)	-1.90 ( -3.06)	5.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	46125.1 ( 62531.1)	77849.0 (346272.4)
VEH #2 (ESTIMATED)	94203.7 (127710.4)	92335.1 (410706.7)

SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)		VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)	
	IN (CM)		IN (CM)
L-----	134.0	340.4	72.6
C1-----	.0	.0	3.7
C2-----	7.5	19.0	10.0
C3-----	15.3	38.7	16.6
C4-----	13.3	33.7	23.2
C5-----	6.0	15.2	22.8
C6-----	.0	.0	21.1
D-----	-36.7	-93.2	.0

(DOFF ADJUSTED .0 INCHES  
TO MATCH VEHICLE DIMENSION)

VEHICLE INFORMATION

VEHICLE #1 (SIDE DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)	
SIZE-----	7	SIZE-----	3
STIFFNESS-	6	STIFFNESS-	3
SIDE-----	L	SIDE-----	F
HANGL----	270.0 DEG	HANGL----	5.0 DEG
WEIGHT----	3910.0 LBS (1773.2 KG)	WEIGHT----	3622.0 LBS (1642.6 KG)
MASS-----	10.119 LB-SEC**2/IN ( 114.32 NT-SEC**2/CM)	MASS-----	9.374 LB-SEC**2/IN ( 105.90 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3713.0 IN**2 ( 23954.8 CM**2)	GYRATION--	3324.0 IN**2 ( 21445.1 CM**2)

**AIRBAG SUPPLEMENT**

1

**ACCIDENT SUMMARY**

1. Accident Date: WINTER WEEKDAY

2. Police Investigated  
(1) Yes        
(2) No        
(3) Unknown      

Agency: [REDACTED]

City: [REDACTED]

County: [REDACTED]

3. General Locality  
(1) Freeway, Limited Access       4  
(2) Urban (City)        
(3) Urban-Rural (mixed)        
(4) Rural, Fields      4. Configuration (First Harm)  
(0) Struck Object or Ped       4  
(1) Rear-End        
(2) Head-On        
(3) Rear-to-Rear        
(4) Angle        
(5) Sideswipe-Same Direction        
(6) Sideswipe-Opposite Dir.        
(7) Noncollision        
(8) Nonimpact Deployment        
(9) Unknown      5. Fire Involved  
(0) None       Ø  
(1) Airbag Vehicle        
(2) Other Vehicle        
(3) Both Vehicles        
(9) Unknown      6. Vehicles Involved       27. Persons Involved       48. Injured Persons       49. Maximum AIS in Accident       1**AIRBAG VEHICLE INSPECTION**

10. Date Vehicle Inspected: [REDACTED]

11. Reason Vehicle Note Inspected  
(0) Not Required       1  
(1) Inspection Completed        
(2) Cannot be Located        
(3) Repaired or Destroyed        
(5) Refusal or Impounded        
(7) Other: 12. Impact Data Obtained  
(0) No Data Obtained       2  
(1) CDC Only        
(2) Crush Profile Only        
(3) Trajectory Data Only        
(4) CDC and Crush Profile        
(5) CDC and Trajectory        
(6) Crush and Trajectory        
(7) CDC, Crush, and Trajectory      13. Basis of Delta-V  
(0) Not Computed (Unknown why)       3  
(1) CRASH - Damage Only        
(2) CRASH - Damage + Traj        
(3) OLDMISS        
(4) POLES        
(5) Unknown Basis        
(6) One Vehicle Beyond Scope        
(7) Collision Beyond Scope        
(8) Insufficient Data      **VEHICLE HISTORY**14. Prior Impacts for AB Vehicle?  
(1) Yes       2  
(2) No        
(9) Unknown      15. Has Any Prior Maintenance or Service Been Performed on System  
(1) Yes       2  
(2) No        
(3) Unknown      

Describe:

**AIRBAG SUPPLEMENT****AIRBAG VEHICLE**

Fleet: NA  
 VIN: 1P4G454RZPXKXXXX  
 Mileage: 17,999 mi / 28,966 km

**SYSTEM READINESS LAMP**

## 16. Pre-Impact Lamp Condition

- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown

9

## 17. Driver's Report of Pre-Impact

## Flashing

- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)

Number of Flashes: \_\_\_\_\_

- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown

99

## 18. Period of Pre-Impact Flashing

- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown

9

## 19. Post-Impact Lamp Condition

- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown

9

## 20. Post-Impact Flashing

- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)

Number of Flashes: \_\_\_\_\_

- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown

99

## 21. Airbag Vehicle First Harmful Event

- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):

13

## (07) Overturn

## (08) Jackknife

## COLLISION WITH:

- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder

## COLLISION WITH FIXED OBJECT

- (20) Building
- (21) Impact attenuator/crash cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/traffic sign post
- (30) Overhead sign support
- (31) Luminaire/light support
- (32) Utility pole
- (33) Other post, pole, or support
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone, or concrete
- (39) Fence
- (40) Wall
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity
- (99) Unknown

**AIRBAG SUPPLEMENT****AIRBAG VEHICLE IMPACT SUMMARY**

22. Vehicle Role  
 (0) Noncollision  
 (1) Striking unit  
 (2) Struck unit  
 (3) Both striking and struck  
 (9) Unknown

 2

23. Manner of Leaving Scene  
 (1) Driven  
 (2) Towed-due to damage  
 (3) Towed-not for damage  
 (4) Towed-details unknown  
 (5) Abandoned  
 (9) Unknown

 2

24. Number of Impact Events  
 (8) 8 or more  
 (9) Unknown

 1

25. Rollover  
 (0) No rollover  
 (1) First event  
 (2) Subsequent event  
 (3) Yes, Unknown event  
 (9) Unknown

 0

26. Override/Underride  
 (0) No override/underride  
 (1) Override - 1st CDC  
 (2) Override - Other CDC  
 (3) Underride - 1st CDC  
 (4) Underride - Other CDC  
 (9) Unknown

 0**AIRBAG VEHICLE DAMAGE**  
CODES: (1) Yes, damaged  
 (2) No damage  
 (3) Unknown

27. Left Front Fender Damage

 2

28. Right Front Fender Damage

 2

29. Center Top of Grille Damage

 2**FRONT BUMPER E.A. STATUS**

30. Left

 5

31. Right

 5

(1) Normal  
 (2) Extended  
 (3) Partial Compression  
 (4) Complete Compression  
 (5) Not Applicable  
 (9) Unknown

**FIRST AIRBAG VEHICLE IMPACT:**

32. Configuration  
 (0) Struck Object or Ped  
 (1) Rear-End  
 (2) Head-On  
 (3) Rear-to-Rear  
 (4) Angle  
 (5) Sideswipe-Same Direction  
 (6) Sideswipe-Opposite Dir.  
 (7) Noncollision  
 (8) Nonimpact Deployment  
 (9) Unknown

 433. CDC: *09LZEW3*34. Object Contacted: *42/1984 MERCEDES-BENZ***PRIMARY/DEPLOYMENT IMPACT:**

35. Event Number

 1

36. Total Delta-V

 33 km

37. Longitudinal Delta-V

 36 km

38. Configuration  
 See 32 above for codes

 439. CDC: *09LZEW3*40. Object Contacted: *42/1984 MERCEDES-BENZ*

**AIRBAG SUPPLEMENT****AIRBAG SYSTEM DAMAGE**

CODES: (1) Yes, Damaged

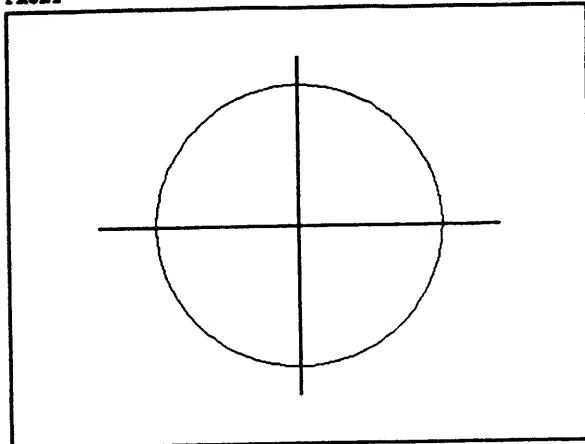
(2) No, Intact

(3) Not Applicable

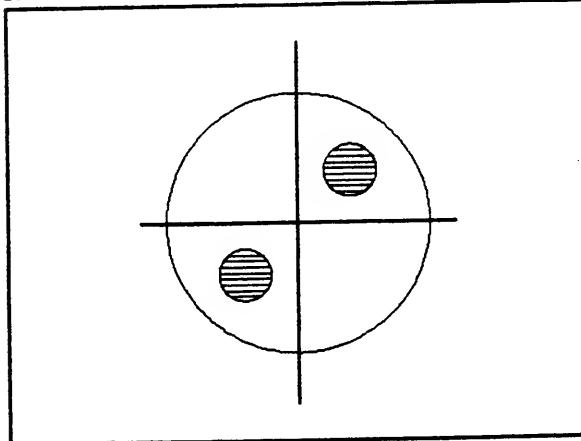
(9) Unknown

41. Airbag Module  242. Left Front Sensor  243. Center Front Sensor  244. Right Front Sensor  245. Rear Cowl Sensor  946. Diagnostic Module  247. Wiring  248. Knee Diverter  349. Indication of disconnected  
or loose electrical  
connectors  250. Condition of Deployed Bag  
(1) Bag intact  
(2) Split or torn  
(3) Cut by object in impact  
(4) Cut after accident  
(5) Other  
(8) NA (not deployed)  
(9) Unknown  1**DESCRIBE SYSTEM AND BAG DAMAGE:**NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS  
BELOW:

FRONT



BACK



**AIRBAG SUPPLEMENT**

5

**OCCUPANTS OF AIRBAG CAR**51. Number of Occupants in Vehicle 52. Number of Injured Persons 53. Maximum AIS in Airbag Vehicle  
 (0) No Injury  
 (1-6) AIS Severity  
 (7) Injured, unknown severity  
 (9) Unknown **DRIVER**

Age: 37

Sex: FEMALE

54. Number of Driver Injuries 55. Source of Best Injury Data  
 (0) Not injured  
 (1) Autopsy  
 (2) Hospital Medical Records  
 (3) Emergency Room only  
 (4) Private physician, clinic  
 (5) Lay Coroner Report  
 (6) EMS Personnel  
 (7) Interviewee  
 (8) Police  
 (9) Unknown **MAXIMUM AIS BY BODY REGION**

REGION	MAX AIS	CONTACT
Head/Neck/Face	1	45
Chest	—	—
Abdomen	—	—
Legs/Hips	1	49
Other (Arms)	—	—
Driver Maximum	—	—

**EJECTION**

Extent: NONE

Portal:

**OTHER VEHICLE:**Maximum AIS 9 (unk)  
 Prime/Deploy Impact w AB Vehicle   
 Event Number 

CDC: UNKNOWN

Total Delta V 35 KM

Make: MERCEDES-BENZ

Model Year: 1984

Model: 300D

Body Type: UNK.

**NOTES:**

**AIRBAG SUPPLEMENT**

**6**

**DRIVER BELT USAGE:** (1) Used (2) Not Used (9) Unknown

Evidence: INTERVIEW / VEHICLE INSPECTION

**1**

**DRIVER POSTURE:** Any comments Recorded (1) Yes, (2) No

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

NORMAL UPRIGHT. R. FOOT ON ACC. L. ON FLOOR.

**1**

**DRIVER FOREIGN OBJECTS:** Comments Recorded (1) Yes, (2) No

**1**

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelery play any role?:

NON

**DRIVER COMMENTS:** Comments Recorded (1) Yes, (2) No

**2**

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

**PASSENGER-AIRBAG CONTACT:** (1) Yes, (2) No, (9) Unknown

**2**

Describe:

# TRAFFIC COLLISION REPORT

PAGE OF

SPECIAL CONVENTIONS				NUMBER INJURED <b>4</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY [REDACTED]	REPORTING DISTRICT			JUDICIAL DISTRICT	LOCAL REPORT NUMBER		
				NUMBER KILLED <b>0</b>	HIT & RUN MFD. <input type="checkbox"/>	COUNTY				SEAT	[REDACTED]		
LOCATION	COLLISION OCCURRED ON								MO. DAY YEAR	TIME (2400)	NIC#	OFFICER I.D.	
	MILEPOST INFORMATION								DAY OF WEEK	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY:		
	FEET/MILES OF <input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: FEET/MILES OF								STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NONE			
PARTY 1	DRIVER'S LICENSE NUMBER				STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>X</b>								93	<b>PLY/VOYAGER/Blue</b>			
PEDESTRIAN	STREET ADDRESS								OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP								OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <b>3-A CITIZENS Husband</b>			
OTHER	HOME PHONE BUSINESS PHONE <b>( )</b>								PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>				
	INSURANCE CARRIER POLICY NUMBER								CHP USE ONLY VEHICLE TYPE <b>O1</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL		SHADE IN DAMAGED AREA	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE				
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>X</b>								84	<b>MECEDEZ/300D/WHITE</b>			
PEDESTRIAN	STREET ADDRESS								OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP								OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <b>TOW</b>			
OTHER	HOME PHONE BUSINESS PHONE <b>( )</b>								PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>			SHADE IN DAMAGED AREA	
	INSURANCE CARRIER POLICY NUMBER								CHP USE ONLY VEHICLE TYPE <b>O1</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE				
DRIVER	NAME (FIRST, MIDDLE, LAST) <b>[REDACTED]</b>												
PEDESTRIAN	STREET ADDRESS								OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP								OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
OTHER	HOME PHONE BUSINESS PHONE <b>( ) ( )</b>								PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>			SHADE IN DAMAGED AREA	
	INSURANCE CARRIER POLICY NUMBER								CHP USE ONLY VEHICLE TYPE <b>[REDACTED]</b>	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
	DR. OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	PCF		ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>						
PREPARER'S NAME					DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME			DATE REVIEWED			

## TRAFFIC COLLISION CODING

PAGE 2

DATE OF COLLISION	TIME 1:24:05 PM	NCIC NUMBER	OFFICER I/O	NUMBER	
PROPERTY DAMAGE	OWNER'S NAME / ADDRESS DESCRIPTION OF DAMAGE				
SEATING POSITION		SAFETY EQUIPMENT		EJECTED FROM VEHICLE	
	1 2 3 4 5 6 7	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED	M/L C BICYCLE - HELMET DRIVER V - NO W - YES	0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
		CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	PASSENGER X - NO Y - YES		

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE			MOVEMENT PRECEDING COLLUSION
		1	2	3	
* A VC SECTION VIOLATED:	CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING			A STOPPED
* B OTHER IMPROPER DRIVING *:		B CONTROLS NOT FUNCTIONING *			B PROCEEDING STRAIGHT
C OTHER THAN DRIVER *		C CONTROLS OBSCURED			C RAN OFF ROAD
D UNKNOWN *		D NO CONTROLS PRESENT / FACTOR *			D MAKING RIGHT TURN
E FELL ASLEEP *					E MAKING LEFT TURN
WEATHER ( MARK 1 TO 2 ITEMS )		TYPE OF COLLISION			F MAKING U TURN
A CLEAR		AHEAD - ON			G BACKING
B CLOUDY		B SIDESWIPE			H SLOWING / STOPPING
C RAINING		C REAR END			I PASSING OTHER VEHICLE
D SNOWING		D BROADSIDE			J CHANGING LANES
E FOG / VISIBILITY	FT.	E HIT OBJECT			K PARKING MANEUVER
F OTHER *:		F OVERTURNED			L ENTERING TRAFFIC
G WIND		G VEHICLE / PEDESTRIAN			M OTHER UNSAFE TURNING
H LIGHTING		H OTHER *:			N XING INTO OPPOSING LANE
X A DAYLIGHT		C OTHER MOTOR VEHICLE			O PARKED
B DUSK - DAWN		D MOTOR VEHICLE ON OTHER ROADWAY	1	2	P MERGING
C DARK - STREET LIGHTS		E PARKED MOTOR VEHICLE			Q TRAVELING WRONG WAY
D DARK - NO STREET LIGHTS		F TRAIN			R OTHER *: .
E DARK - STREET LIGHTS NOT FUNCTIONING *		G BICYCLE			
F ANIMAL :		H ANIMAL :			
G FIXED OBJECT :		I OTHER OBJECT :			
H VISION OBSCUREMENT :					
I INATTENTION *:					
J STOP & GO TRAFFIC					
K ENTERING / LEAVING RAMP					
L PREVIOUS COLLISION					
M UNFAMILIAR WITH ROAD					
N DEFECTIVE VEH. EQUIP. :					
O HAZARDOUS MATERIAL					
P SPECIAL INFORMATION					
Q SLEEPY / FATIGUED					
R NOT APPLICABLE					
S IMPAIRMENT NOT KNOWN					
T IMPAIRMENT - PHYSICAL *					
U UNDER DRUG INFLUENCE *					
V IMPAIRMENT UNKNOWN *					
W NOT UNDER INFLUENCE *					
X HAD NOT BEEN DRINKING					
Y HBD - UNDER INFLUENCE					
Z HBD - NOT UNDER INFLUENCE					
A HAZARDOUS MATERIAL					
B UNINVOLVED VEHICLE					
C MOTHER *:					
D NONE APPARENT					
E ORUNAWAY VEHICLE					
F ETCH					
MISCELLANEOUS					



STATE OF CALIFORNIA  
FACTUAL DIAGRAM

DATE OF COLLISION

TIME (2400)

NCIC NUMBER

OFFICER I.O.

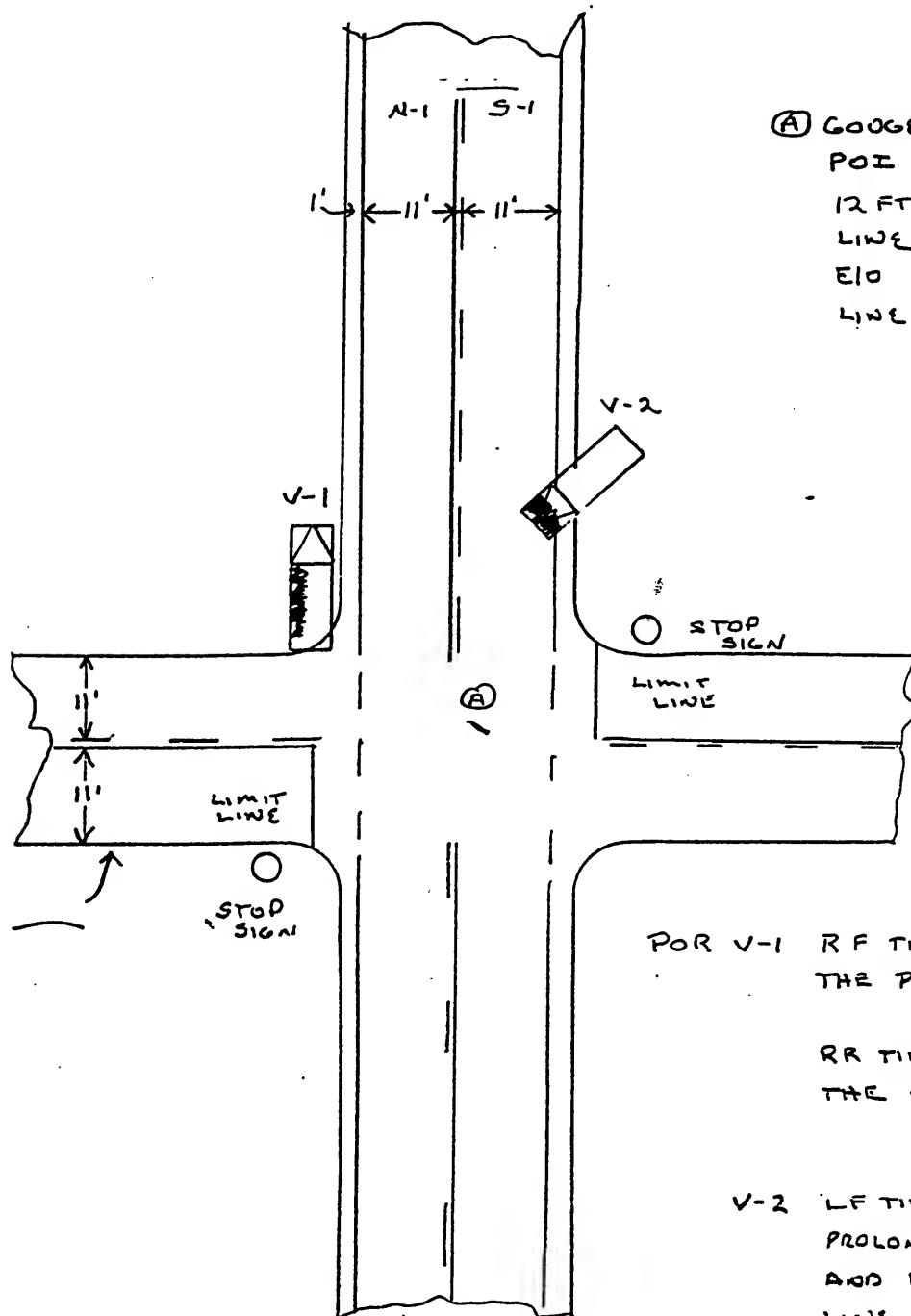
PAGE  
4  
NUMBER

NO.

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -)



INDICATE  
NORTH



(A) GOOGIE MARK INDICATING  
POI

12 FT S10 THE N1 PROLONGATION  
LINE OF AND 8 FT  
E10 THE W1 PROLONGATION  
LINE OF

STOP  
SIGN

LIMIT  
LINE

FOR V-1 RF TIRE RR TIRE ON  
THE PROLONGATION LINE OF

RR TIRE LR TIRE ON  
THE PROLONGATION LINE OF

V-2 LF TIRE 1 FT E10 W  
PROLONGATION LINE OF  
AND 13 FT S10 PROLONGATION  
LINE OF  
LR TIRE 6 FT W10 W  
PROLONGATION LINE OF CR45  
AND 18 FT S10 PROLONGATION  
LINE OF

DRAWN BY

I.O. NUMBER

MO. DAY YR.

REVIEWER'S NAME

MO. DAY YR.

## NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT / APPROXIMATE	TIME (2400)	NCIC NUMBER	OFFICER'S NAME	NUMBER
X-ONE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> SUPPLEMENTAL	X-ONE <input checked="" type="checkbox"/> COLLISION REPORT <input type="checkbox"/> OTHER:	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
		<input type="checkbox"/> BA UPDATE	<input type="checkbox"/> FATAL	<input type="checkbox"/> HIT & RUN UPDATE
		<input type="checkbox"/> HAZARDOUS MATERIALS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> OTHER:
CITY / COUNTY / JUDICIAL DISTRICT				REPORTING DISTRICT / BEAT
LOCATION / SUBJECT				STATE HIGHWAY RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO

1. FACTS:

2. NOTIFICATION: I RECEIVED THIS INJURY TO CALL AT  
 3. HRS. RESPONDING FROM \_\_\_\_\_ I ARRIVED  
 4. ON SCENE AT \_\_\_\_\_ HRS. ALL TIMES, SPEEDS AND  
 5. MEASUREMENTS FOUND IN THIS REPORT ARE APPROX.  
 6. MEASUREMENTS WERE MADE WITH A 120 TAPE.

7.

8. SCENE: THIS COLLISION OCCURRED AT THE  
 9. INTERSECTION OF \_\_\_\_\_. THIS IS  
 10. A RURAL OPEN AREA WITH NO VISUAL OBSTRUCTION.  
 11. IS A THROUGH RDWY AND STOP SIGNS  
 12. ARE POSTED FOR E & W/B TRAFFIC ON  
 13. (SEE FACTUAL DIAGRAM FOR RDWY DETAILS AND  
 14. MEASUREMENTS.)

15.

6. PARTIES:

16. V-1 WAS LOCATED ON ITS WHEELS AT ITS POINT  
 17. OF REST AS SHOWN ON DIAGRAM. V-1 SUSTAINED  
 18. MAJOR L/SIDE AND REAR AXLE DAMAGE.

19.

20. P-1: WAS AT SCENE AND STATED SHE WAS THE  
 21. DRIVER. SHE WAS IDENTIFIED BY A VALID CLASS  
 22. 'C' CALIF D.L.

23.

24. V-2 WAS LOCATED ON ITS WHEELS AT ITS POINT OF  
 25. REST AS SHOWN ON FACTUAL DIAGRAM. V-2  
 26. SUSTAINED TOTAL FRONT END DAMAGE.

27.

28. P-2: WAS AT SCENE BEING TREATED BY  
 29. FIRE & AMBULANCE PERSONNEL. SHE WAS  
 30. IDENTIFIED BY A VALID D.L.

PREPARED'S NAME	I.D. NUMBER	MONTH/DAY/YEAR	REVIEWER'S NAME	MONTH/DAY/YEAR
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## ARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICE I.D. NUMBER	NUMBER
X ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	X ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials	<input type="checkbox"/> Fatal <input type="checkbox"/> School bus	<input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:
TY/COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT			STATE HIGHWAY RELATED <input type="checkbox"/> Yes	<input type="checkbox"/> No

## 1. FACTS (CONT'D):

2. PHYSICAL EVIDENCE: SEE DIAGRAM.

3.

4. STATEMENTS: D-1 IN SUBSTANCE " I WAS E/B ON -- STOPPED AT THE STOP SIGN AT -- . I SAW  
 5. ONE OTHER CAR S/B ON -- AND WAITED  
 6. FOR IT TO GO BY. I THOUGHT IT WAS CLEAR  
 7. AND I PROCEEDED E/B INTO THE INTERSECTION. I  
 8. DID NOT SEE THE OTHER CAR COMING UNTIL  
 9. JUST BEFORE IT HIT MY CAR.

10.

11. D-2: IN SUBSTANCE " I WAS S/B ON RD  
 12. AT ABOUT 55 MPH. AS I APPROACHED THE  
 13. INTERSECTION I SAW (V-1) STOPPED AT THE  
 14. STOP SIGN FACING EAST ON -- . JUST  
 15. AS I STARTED INTO THE INTERSECTION THE  
 16. CAR TO MY RIGHT PULLED OUT DIRECTLY IN  
 17. FRONT OF ME. I TRIED TO HIT MY BRAKES  
 18. AND SWERVE TO THE RIGHT BUT WAS UNABLE  
 19. TO AVOID (V-1).

20.

## 21. OPINIONS AND CONCLUSIONS:

22. SUMMARY: V-1 WAS E/B ON -- STOPPED AT  
 23. THE STOP SIGN AT -- . D-1 WAITED FOR  
 24. A S/B VEH ON -- TO GO BY AND THOUGHT  
 25. IT WAS CLEAR TO PROCEED E/B ACROSS -- .  
 26. V-2 WAS S/B ON -- AT A NORMAL SPEED  
 27. AND AS V-2 APPROACHED THE INTERSECTION D-1  
 28. PULLED OUT DIRECTLY IN FRONT OF D-2.  
 29. THE FRONT OF V-2 HIT THE LEFT SIDE OF  
 30. V-1 JUST BEHIND THE L/F DOOR. *Cont.*

PREPARER'S NAME AND I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

## ARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input checked="" type="checkbox"/> ONE <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Supplemental <input type="checkbox"/> Other:		<b>TYPE SUPPLEMENTAL (X=APPLICABLE)</b> <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
//COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT			STATE HIGHWAY RELATED <input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>1. OPINIONS AND CONCLUSIONS Cont'd</b>  <b>3. POINT OF IMPACT: WAS 12 FT S/o THE N/PROLONGATION LINE OF AND 8 FT E/o THE W/PROLONGATION LINE OF</b>  <b>6.</b>  <b>8. Cause: D-1 (HUSTZIAR) CAUSED THIS TC AS SHE FAILED TO YIELD THE RIGHT OF WAY TO V-2 WHICH WAS ON THE THROUGH HWY, IN VIOLATION OF</b> <b>10. CITE: ISSUED AGAINST D-1</b> <b>12. FOR</b>  <b>15. RECOMMENDATIONS: NONE</b>  <b>17.</b>  <b>19.</b>  <b>20.</b>  <b>21.</b>  <b>22.</b>  <b>23.</b>  <b>24.</b>  <b>25.</b>  <b>26.</b>  <b>27.</b>  <b>28.</b>  <b>29.</b>  <b>30.</b>  <b>31. REVIEWER'S NAME AND I.D. NUMBER</b> <b>DATE</b> <b>REVIEWER'S NAME</b> <b>DATE</b> <i>WILLIE LEE</i>				

Use previous editions until depleted.

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